

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90438 044 ***150.00

DOCUMENT # P99000005633					
1. Entity Name FANOJESE INTERNATIONAL CORPORATION					
Principal Place of Business 36 NE 1ST ST., SUITE 823 MIAMI, FL 33132			Mailing Address 36 NE 1ST ST., SUITE 823 MIAMI, FL 33132		
2. Principal Place of Business 8351 W. SUNRISE BLVD. Suite, Apt. #, etc.		3. Mailing Address 8351 W. SUNRISE BLVD. Suite, Apt. #, etc.		40060981 	
City, State PLANTATION FL.		City, State PLANTATION FL.		01242006 Chg-P CR2E034 (11/05)	
Zip 33322		Country BROWARD		4. FEI Number 65-0891539	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SERRANO, NORMA 36 NE 1ST ST., SUITE 823 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8351 W. SUNRISE BLVD. City PLANTATION FL Zip Code 33322		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SERRANO, NORMA 15643 RAVENSWICKE MANOR DAVIE, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD SERRANO, FAUSTO 15643 RAVENSWICKE MANOR DAVIE, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JESSICA N. SERRANO 15643 RAVENSWICKE MANOR DAVIE, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>X [Signature]</i>			\$19.06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					