

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000055258

1. Entity Name

FAUFER REAL ESTATE HOLDINGS, INC.



Principal Place of Business

**842 N.W. 1ST STREET
MIAMI, FL 33128**

Mailing Address

**842 N.W. 1ST STREET
MIAMI, FL 33128**

DO NOT WRITE IN THIS SPACE



04152006

No Chg-P

CR2ED34 (11/05)

4. FEI Number

65-1009957

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, FAUSTO E
842 N.W. 1ST STREET
MIAMI, FL 33128**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE

D

NAME

FERNANDEZ, FAUSTO E

STREET ADDRESS

842 NW 1ST ST.

CITY-ST-ZIP

MIAMI, FL 33128

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

U00000519827
05/02/06-80067-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P2S.

4/19/06

(305) 638-1030

Date

Daytime Phone #