2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							
DOCU 1. Enuty Nam	58						
FAUFER REAL ESTATE HOLDINGS, INC.							
Principal Place of Business		Mailing Address					
842 N.W. 1ST STREET		842 N.W. 1ST STREET					
MIAMI FL 3	3128	MIAMI FL 33128					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, otc		Suito, Apt. #, etc			1st MOORE CR2E034' (10/06)		
City & State		City & State			65-1009957 Not	ied For Applicable	
Zıp	Country	Zip	Country		5. Certificate of Status Desirod See Required	onal	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
842	NANDEZ, FAUSTO E N.W. 1ST STREET MI FL 33128		Stroot A	Street Address (P.O. Box Number is Not Acceptable)			
IVIIZ	NAT 7 E 33120						
			City		FL Zip Code		
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 tallour applicable (NOTE, Registered Agent signature dwhen reinstature) DATE							
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00) May Be to Fees	
Make Check Payable to Florida Department of the Control of the Con					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	NI 11	
TITLE	D	☐ Delete	DTIE			Addition	
NAME	FERNANDEZ, FAUSTO E		NAME			_	
SHEET ADDRESS CUY-ST-ZIP	842 NW 1ST ST. MIAMI FL 33128		SIRLET ADDIESS CITY: \$1-7IP		00000063699 03/22/07-80015-005 150.00		
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NAME SUBLET ADDRESS			NAME SILLET ADDRESS				
CHY-ST-ZIP			CITY-ST-7IP		<u></u>	<u></u>	
()]LL. Name		Delete	HILE		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			İ	
CITY-ST-ZIP			CITY - ST - ZIP				
12. I hereby of	certify that the information supplied wi	th this filing does not qualify for	or the exemptions of	contained	d in Section 119, Florida Statutes, I further certify that the info	ormation	

12. Incrept certify that the information supplied with this lifing does not quality for the exemptions contained in Section 119. Florida statutes, intrincr 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 eath; 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 SIGN

Date

Daytime Phone #