

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000066637

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FANTASY COVE REALTY CORP.

**Current Principal Place of Business:**

1680 MICHIGAN AVE.  
PH-5  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1680 MICHIGAN AVE.  
PH-5  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 65-0947741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARDONA, GAIL  
1680 MICHIGAN AVE  
PH 5  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** M  
**Name:** CAPO, CATHERINE  
**Address:** 6680 SW 96TH ST.  
**City-St-Zip:** MIAMI, FL 33156

**Title:** PD  
**Name:** CAPO, ALEJANDRO  
**Address:** 1680 MICHIGAN AVE PH 5  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALEJANDRO CAPO

PD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date