


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90232 047 \*\*\*150.00

<b>DOCUMENT # P99000109832</b>					
<b>1. Entity Name</b> FATIN, INC.					
<b>Principal Place of Business</b> 1992 EAST 4TH AVENUE HIALEAH, FL 33010			<b>Mailing Address</b> 1992 EAST 4TH AVENUE HIALEAH, FL 33010 <i>C/O Lopez Acctg.</i>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> <i>1800 W. 49 St</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <i>201</i>		
<b>City &amp; State</b>			<b>City &amp; State</b> <i>Hialeah, FL</i>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 65-0968905	
Zip <i>33012</i>		Country <i>USA</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MUSTAFA, YOUSEF 15150 NW 89TH COURT MIAMI, FL 33018				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> MUSTAFA, YOUSEF 15150 NW 89TH COURT MIAMI, FL 33018	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> DWAIKAT, AHMAD 15907 KINGS MOOR WAY MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jouset Mustafa, Pres.</i> <b>DATE:</b> <i>4/30/06</i> <b>Daytime Phone #:</b> <i>805/836-3118</i>					