2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # S23043 FE ASSOCIATES, INC.					02-25-2008	90034 015	***150	0.00	
Principal Place of Business 21200 NE 38TH AVE APT # 1001 MIAMI, FL 33180		Mailing Address 21200 NE 38TH AVE APT # 1001 MIAMI, FL 33180		400305		Alen dien einn ein	ili Sibii Dibii	1 88 4 (1 18 1		
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02122008	Chg-P	CR2E034 ((12/06)		
City & State		City & State			4. FEI Number 65-02333	 308			plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		75 Addi Required		
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and A	ddress of New R	egistered Age	nt		
				Name						
	N, SAMUEL 38TH AVE	Street Address	(P.O. Box Number	is Not Acceptable)					
MIAMI, FL	33180									
				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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
			-		o who i hours during)					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa	ign Finar	ncing \$5	5.00 May Be ded to Fees					
	ay 1, 2008 Fee will be \$550 OFFICERS AND	9. Election Campa Trust Fund Con	ign Finar	ncing \$5	5.00 May Be ded to Fees	HANGES TO OFF		RECTORS	3 IN 11	
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indicated on this report or supplemental report is true and does not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the infraction 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:	Wira Dashnar	7-eh, 21/	305-936-824
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Oate	Daytime Phone #