## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# S51835

FILED Sep 01, 2009 Secretary of State

Lillity Na	ME. FANTAS	I INTERNATIONAL CORP.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	T 84TH STREE FL 33014	ET US					
Current Mailing Address:			New Maili	New Mailing Address:			
	T 84TH STREE FL 33014	ET US					
FEI Number	: 65-0260312	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status De	esired ( )	
Name and	d Address of C	Current Registered Agent:	Name and	Address of	New Registered Age	nt:	
360 W 84 <sup>-</sup> HIALEAH,		US					
The above	named entity	submits this statement for the	purpose of changing i	ts registered	office or registered ag	ent, or both,	
n the Stat	e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered ag	ent, or both,	
n the Stat	e of Florida. RE:	submits this statement for the		ts registered	office or registered ag  Date	ent, or both,	
n the Stat	e of Florida. RE:	nic Signature of Registered A્	gent				
n the Stati BIGNATU DFFICER Title: Name: Address: Dity-St-Zip: Title: Name:	e of Florida.  RE: Electror  S AND DIREC  PS ( ERICKSON, M. 860 WEST 84T HIALEAH, FL 3  VPT ( ERICKSON, EF	nic Signature of Registered Action of Registered Ac	gent  ADDITION  Title: Name: Address: City-St-Zip:  Title: Name:	S/CHANGE VP KAPLAN, LAY	Date S TO OFFICERS AND ( ) Change ( ) Addition (X) Change ( ) Addition WRENCE		
n the Stati BIGNATU DFFICER Title: Jame: Jame: Jadress: Dity-St-Zip:	e of Florida.  RE: Electror  S AND DIREC  PS ( ERICKSON, M, 860 WEST 84T HIALEAH, FL 3	nic Signature of Registered Action of Registered Action (Control o	gent  ADDITION  Title: Name: Address: City-St-Zip: Title:	<b>S/CHANGE</b> VP	Date S TO OFFICERS AND ( ) Change ( ) Addition (X) Change ( ) Addition WRENCE 4TH STREET		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA C. ERICKSON P 09/01/2009