

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # S59898 1. Entity Name FUSCHETTO BROTHERS, INC.	
--	---

Principal Place of Business 7011 SW 136TH AVE FT LAUDERDALE, FL 33330 US	Mailing Address P. O. BOX 7746 HOLLYWOOD, FL 33081-1746 US
--	--



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0282268	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FUSCHETTO, GIOVANNI 7011 SW 136 AVENUE FT LAUDERDALE, FL 33330

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1000000603680
01/29/07-80023-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCHETTO, GIOVANNI 7011 SW 136 AVENUE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCHETTO, MARIA 7011 SW 136 AVENUE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 507, 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: Giovanni Fuschetto 1/23-07 954-6800125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #