




FILED
Feb 22, 2008 08:00 A
Secretary of State

DOCUMENT # V71363 1. Entity Name FON ENTERPRISES, INC.			
Principal Place of Business 4500 NW 135TH STREET OPA LOCKA, FL 33054 US		Mailing Address 4500 NW 135TH STREET OPA LOCKA, FL 33054 US	
DO NOT WRITE IN THIS SPACE			
		01182008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0361771	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRIGER, MOISES 4500 NW 135TH STREET OPA LOCKA, FL 33054		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		0000000824464 02/28/08-80054-001 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRIGER, MOISES 4500 NW 135TH STREET OPA LOCKA, FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRIGER, NELSON E. 4500 NW 135TH STREET OPA LOCKA, FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRIGER, LIDIA 4500 NW 135TH STREET OPA LOCKA, FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KRIGER, FRANK J. 4500 NW 135TH STREET OPA LOCKA, FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE:  Frank J Kriger		2/18/08 (305)953-6317	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	