

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79912

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE FABRE GROUP, INC.

Current Principal Place of Business:

9404 NW 13TH ST
BAY #41
MIAMI, FL 331722810 US

New Principal Place of Business:

12973 SW 112 STREET
#389
MIAMI, FL 33186 US

Current Mailing Address:

12973 SW 112 STREET
389
MIAMI, FL 331864768 US

New Mailing Address:

12973 SW 112 STREET
#389
MIAMI, FL 33186 US

FEI Number: 65-0254773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABRE, ERNEST
1343 CASTILE AVENUE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

FABRE, ERNESTO
915 CASTILE PLAZA
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ERNESTO FABRE

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FABRE, ERNEST,
Address: 1343 CASTILE AVENUE
City-St-Zip: MIAMI, FL 33134

Title: VP () Delete
Name: FABRE, ALVARO
Address: 9405 SW 91 STREET
City-St-Zip: MIAMI, FL 33176

Title: ST () Delete
Name: KROSS, MIRIAM
Address: 12973 SW 112 STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FABRE, ERNESTO,
Address: 915 CASTILE PLAZA
City-St-Zip: MIAMI, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERNESTO FABRE

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date