

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072441

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: FABIO INC

**Current Principal Place of Business:**

2161 17TH STREET SW  
NAPLES, FL 34117

**New Principal Place of Business:**

4100 CORPORATE #163  
NAPLES, FL 34104

**Current Mailing Address:**

2161 17TH STREET SW  
NAPLES, FL 34117

**New Mailing Address:**

4100 CORPORATE SQ #163  
NAPLES, FL 34104

FEI Number: 20-0066942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERTUNA, FABIAN  
2161 17TH STREET SW  
NAPLES, FL 34117 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERTUNA, FABIAN  
Address: 2161 17TH STREET SW  
City-St-Zip: NAPLES, FL 34117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FABIAN BERTUNA

P

07/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date