


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90075 040 ***150.00

DOCUMENT # P94000002648	
1. Entity Name THE FABRE GROUP II, INC.	

Principal Place of Business 9404 N.W. 13TH STREET BAY 41 MIAMI, FL 33172-2810 US	Mailing Address 9404 N.W. 13TH STREET BAY 41 MIAMI, FL 33172-2810 US
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04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0490389	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 FABRE, ERNEST 9404 N.W. 13TH STREET. BAY 41 MIAMI, FL 33172	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABRE, ERNEST 9404 N.W. 13TH STREET., BAY 41 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRE, ALVARO 9404 N.W. 13TH STREET, BAY 41 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROSS, MIRIAM 9404 N.W. 13TH STREET., BAY 41 MIAMI, FL
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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 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 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:  **ERNEST FABRE** **4-11-05** **305-586-0172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #