

FILED  
Mar 21, 2007 8:00 am  
Secretary of State


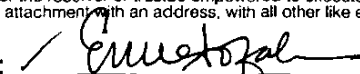
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2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

60025981



03022007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P94000002648</b>			
1. Entity Name <b>THE FABRE GROUP II, INC.</b>			
Principal Place of Business <b>9404 N.W. 13TH STREET BAY 41 MIAMI, FL 33172-2810 US</b>		Mailing Address <b>9404 N.W. 13TH STREET BAY 41 MIAMI, FL 33172-2810 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>12973 SW 112 STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>389</b>	
City & State		City & State <b>MIAMI FL</b>	
Zip	Country	Zip	Country
<b>33186</b>	<b>US</b>	<b>4768</b>	<b>US</b>
4. FEI Number <b>65-0490389</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FABRE, ERNEST 9404 N.W. 13TH STREET. BAY 41 MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1343 CASTLE AVENUE</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABRE, ERNEST 9404 N.W. 13TH STREET., BAY 41 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABRE, ERNEST 1343 CASTLE AVENUE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRE, ALVARO 9404 N.W. 13TH STREET, BAY 41 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRE, ALVARO 9405 SW 91 STREET MIAMI FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROSS, MIRIAM 9404 N.W. 13TH STREET., BAY 41 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROSS, MIRIAM 12973 SW 112 STREET MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		ERNEST FABRE 3.14.07 305.586-0172	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
		PRES	