

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002648

Entity Name: THE FABRE GROUP II, INC.**Current Principal Place of Business:**118 MOCKINGBIRD ROAD
TAVERNIER, FL 33070**Current Mailing Address:**118 MOCKINGBIRD ROAD
TAVERNIER, FL 33070 US**FEI Number:** 65-0490389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KROSS, MIRIAM F
118 MOCKINGBIRD ROAD
TAVERNIER, FL 33070 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:** MIRIAM KROSS

04/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | P |
| Name | KROSS, MIRIAM |
| Address | 118 MOCKINGBIRD ROAD |
| City-State-Zip: | TAVERNIER FL 33070 |

| | |
|-----------------|----------------------|
| Title | TREASURER |
| Name | FABRE, ALVARO |
| Address | 118 MOCKINGBIRD ROAD |
| City-State-Zip: | TAVERNIER FL 33070 |

| | |
|-----------------|----------------------|
| Title | SECRETARY |
| Name | FABRE, ERNESTO |
| Address | 118 MOCKINGBIRD ROAD |
| City-State-Zip: | TAVERNIER FL 33070 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | FABRE, PAUL |
| Address | 118 MOCKINGBIRD ROAD |
| City-State-Zip: | TAVERNIER FL 33070 |

I hereby 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 all other like empowered.

SIGNATURE: ERNESTO A FABRE

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04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date