

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90081 033 ***150.00

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| DOCUMENT # P99000039029 | | | | | |
| 1. Entity Name FABRE INVESTMENTS, INC. | | | | | |
| Principal Place of Business 600 BILTMORE WAY, #1102 CORAL GABLES, FL 33134 | | | Mailing Address 600 BILTMORE WAY, #1102 CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business 1343 CASTILLE AVE. | | 3. Mailing Address 1343 CASTILLE AVENUE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04082005 Chg-P CR2E034 (10/03) | |
| City & State CORAL GABLES FL | | City & State CORAL GABLES FL. | | 4. FEI Number 65-0914870 | |
| Zip 33134 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FABRE, ERNESTO 600 BILTMORE WAY, #1102 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) 1343 CASTILLE AVENUE | | |
| City | | | City CORAL GABLES FL Zip Code 33134 | | |
| 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)</small> | | | | | |
| 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 | | DATE _____ | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FABRE, ERNESTO 600 BILTMORE WAY, #1102 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FABRE, ERNESTO 1343 CASTILLE AVENUE CORAL GABLES FL. 33134 <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 | |
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| 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: <u>Ernesto Fabre</u> ERNESTO FABRE 11-05 305-586-0172 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |