


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 037 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # V65439 1. Entity Name FABRE DESIGN GROUP INC.					
Principal Place of Business 9404 N.W. 13TH STREET., BAY 41 MIAMI, FL 33172 US		Mailing Address 9404 N.W. 13TH STREET., BAY 41 MIAMI, FL 33172 US			
2. Principal Place of Business		3. Mailing Address 12973 SW 112 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 389			
City & State		City & State MIAMI FL		4. FEI Number 65-0358313	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33186-4768		Country US		03312006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FABRE, ERNEST 9404 N.W. 13TH STREET., BAY 41 MIAMI, FL 33172			Name		
			Street Address (P.O. Box Number is Not Acceptable) 1343 CASTILE AVENUE		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABRE, ERNEST 1343 CASTILE AVE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABRE, ALVARO 9404 N.W. 13TH STREET., BAY 41 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRE, ALVARO 9405 S.W. 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 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROSS, MIRIAM 12973 SW 112 ST. # 389 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: <i>Ernest Fabre</i> President		Date: <i>5.20.06</i>		Daytime Phone #: <i>305-586-0172</i>	

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