

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V65439

**FILED  
Apr 25, 2015  
Secretary of State  
CC3427172010**

**Entity Name:** FABRE DESIGN GROUP INC.

**Current Principal Place of Business:**

12973 SW 112TH STREET  
#389  
MIAMI, FL 33172

**Current Mailing Address:**

12973 SW 112TH ST  
#389  
MIAMI, FL 33186 US

**FEI Number:** 65-0358313

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KROSS, MIRIAM  
12973 SW 112 STREET  
389  
MIAMI, FL 33186 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FABRE, ERNESTO  
Address 12973 SW 112TH STREET  
#389  
City-State-Zip: MIAMI FL 33186  
  
Title ST  
Name KROSS, MIRIAM  
Address 12973 SW 112TH ST SUITE 389  
City-State-Zip: MIAMI FL 33186

Title VP  
Name FABRE, ALVARO  
Address 12973 SW 112TH STREET  
#389  
City-State-Zip: MIAMI FL 33186  
  
Title DIRECTOR  
Name FABRE, PAUL  
Address 12973 SW 112TH STREET  
#389  
City-State-Zip: MIAMI FL 33172

*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:** MIRIAM KROSS

**ST**

**04/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date