


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-0358313**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FABRE, ERNEST
9404 N.W. 13TH STREET., BAY 41
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FABRE, ERNEST
STREET ADDRESS	9404 N.W. 13TH STREET., BAY 41
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	V
NAME	FABRE, ALVARO
STREET ADDRESS	9404 N.W. 13TH STREET., BAY 41
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	ST
NAME	KROSS, MIRIAM
STREET ADDRESS	9404 N.W. 13TH STREET., BAY 41
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000307076
 04/15/05-80041-007 150.00

DO NOT WRITE IN THIS SPACE

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: Ernest Fabre **ERNEST FABRE** **4-11-05** **305-586-0172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT