

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002648

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: THE FABRE GROUP II, INC.

**Current Principal Place of Business:**

9404 N.W. 13TH STREET  
BAY 41  
MIAMI, FL 331722810 US

**New Principal Place of Business:**

**Current Mailing Address:**

9404 N.W. 13TH STREET  
BAY 41  
MIAMI, FL 331722810 US

**New Mailing Address:**

FEI Number: 65-0490389      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FABRE, ERNEST  
9404 N.W. 13TH STREET.  
BAY 41  
MIAMI, FL 33172 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FABRE, ERNEST  
Address: 9404 N.W. 13TH STREET., BAY 41  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: FABRE, ALVARO  
Address: 9404 N.W. 13TH STREET, BAY 41  
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete  
Name: KROSS, MIRIAM  
Address: 9404 N.W. 13TH STREET., BAY 41  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERNESTO FABRE

P

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date