


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 Suite, Apt. #, etc.		3. Mailing Address 12973 SW 112 STREET 389			
City & State		City & State MIAMI FL		4. FEI Number 65-0358313	
Zip		Country 33186-4768 US		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent 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 P NAME FABRE, ERNEST STREET ADDRESS 9404 N.W. 13TH STREET., BAY 41 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE P NAME FABRE, ERNEST STREET ADDRESS 1343 CASTILE AVE CITY-ST-ZIP CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME FABRE, ALVARO STREET ADDRESS 9404 N.W. 13TH STREET., BAY 41 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE VP NAME FABRE, ALVARO STREET ADDRESS 9405 S.W. 91 STREET CITY-ST-ZIP MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME KROSS, MIRIAM STREET ADDRESS 9404 N.W. 13TH STREET., BAY 41 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE ST NAME KROSS, MIRIAM STREET ADDRESS 12973 SW 112 ST. # 389 CITY-ST-ZIP 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	
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 5.20.06		Daytime Phone # 305-586-0172	

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