


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 A
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 12973 SW 112TH ST SUITE 389 MIAMI, FL 33186-4768 US	



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0358313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABRE, ERNEST
 1343 CASTLE AVE
 CORAL GABLES, FL 33134

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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, 2007 Fee will be \$550.00

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

U00000674104
 03/29/07-00056-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABRE, ERNEST 1343 CASTLE AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRE, ALVARO 9405 SW 91ST STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROSS, MIRIAM 12973 SW 112TH ST SUITE 389 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Ernest Fabre ERNEST FABRE ✓ 3-14-07 ✓ 305-586-0172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #