

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65439

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: FABRE DESIGN GROUP INC.

**Current Principal Place of Business:**

12973 SW 112TH STREET  
#389  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0358313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FABRE, ERNESTO  
915 CASTILE PLAZA  
CORAL GABLES, FL 33134 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, ERNESTO  
Address: 915 CASTILE PLAZA  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP ( ) Delete  
Name: FABRE, ALVARO  
Address: 9405 SW 91ST STREET  
City-St-Zip: MIAMI, FL 33176 US

Title: ST ( ) Delete  
Name: KROSS, MIRIAM  
Address: 12973 SW 112TH ST SUITE 389  
City-St-Zip: MIAMI, FL 33186 US

**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 exemption stated 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 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: MIRIAM KROSS

ST

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date