


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F21508
 1. Entity Name
 FIB-R-FIT, INC.



Principal Place of Business 2387 NW 149TH STREET OPA-LOCKA, FL 33054	Mailing Address 2387 NW 149TH STREET OPA-LOCKA, FL 33054
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04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2075947	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VERDESCA, ANTHONY
 2387 NW 149TH ST
 OPA-LOCKA, FL 33054

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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, 2004 Fee will be \$550.00

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

U00000122022
 04/21/04-80013-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUACES, ALFREDO 2387 NW 149TH ST OPA-LOCKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORRAJO, ORLANDO 2387 NW 149TH ST OPA-LOCKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERDESCA, ANTHONY 2387 NW 149TH ST OPA-LOCKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VERDESCA, ARLEEN 2387 NW 149TH ST OPA-LOCKA, FL
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 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: *Alfredo L. Luaces* **ALFREDO L. LUACES** 4/19/04 3096818425