

**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



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2075947

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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 305681-8425