



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90070 032 \*\*\*150.00

<b>DOCUMENT # F21508</b> 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	
2. Principal Place of Business <b>8511-B NW 56th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>8511-B NW 56th St</b> Suite, Apt. #, etc.			
City & State <b>Doral FL</b> Zip <b>33166-3328</b>		City & State <b>Doral FL</b> Zip <b>33166-3328</b>		4. FEI Number <b>59-2075947</b>	
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>VERDESCA, ANTHONY</b> <b>2387 NW 149TH ST</b> <b>OPA-LOCKA, FL 33054</b>				7. Name and Address of New Registered Agent Name <b>VERDESCA, ANTHONY</b> Street Address (P.O. Box Number is Not Acceptable) <b>8511-B NW 56th St</b> City <b>Doral</b> FL Zip Code <b>33166-3328</b>	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VD NAME LUACES, ALFREDO STREET ADDRESS 2387 NW 149TH ST CITY-ST-ZIP OPA-LOCKA, FL	<input type="checkbox"/> Delete		TITLE V/D NAME LUACES, ALFREDO STREET ADDRESS 8511-B NW 56th St CITY-ST-ZIP Doral FL 33166-3328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BORRAJO, ORLANDO STREET ADDRESS 2387 NW 149TH ST CITY-ST-ZIP OPA-LOCKA, FL	<input type="checkbox"/> Delete		TITLE V/D NAME BORRAJO, ORLANDO STREET ADDRESS 8511-B NW 56th St CITY-ST-ZIP Doral FL 33166-3328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME VERDESCA, ANTHONY STREET ADDRESS 2387 NW 149TH ST CITY-ST-ZIP OPA-LOCKA, FL	<input type="checkbox"/> Delete		TITLE P/D NAME VERDESCA, ANTHONY STREET ADDRESS 8511-B NW 56th St CITY-ST-ZIP Doral FL 33166-3328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME VERDESCA, ARLEEN STREET ADDRESS 2387 NW 149TH ST CITY-ST-ZIP OPA-LOCKA, FL	<input type="checkbox"/> Delete		TITLE S/T NAME VERDESCA, ARLEEN STREET ADDRESS 8511-B NW 56th St CITY-ST-ZIP Doral FL 33166-3328	<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 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: <i>Alfredo Luaces</i>			V/D 4/6/05 786 897 7833		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		