2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90070 032 ***150.00

DOCUMENT # F21508

1. Entity Name
FIB-R-FIT, INC.

Principal Place of Business	Mailing Address
2387 NW 149TH STREET OPA-LOCKA, FL 33054	2387 NW 149TH STREET OPA-LOCKA, FL 33054

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8511-B NW 56th St	8511-B NW 56th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Doral FL	City & State: Doral FL
Zip: 33166-3328 Country: Miami-Dade	Zip: 33166-3328 Country: Miami-Dade

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	7. Name and Address of New Registered Agent
VERDESCA, ANTHONY 2387 NW 149TH ST OPA-LOCKA, FL 33054	Name: VERDESCA, ANTHONY Street Address (P.O. Box Number is Not Acceptable): 8511-B NW 56th St City: Doral FL Zip Code: 33166-3328

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUACES, ALFREDO 2387 NW 149TH ST OPA-LOCKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D LUACES, ALFREDO 8511-B NW 56th St Doral FL 33166-3328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BORRAJO, ORLANDO 2387 NW 149TH ST OPA-LOCKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D BORRAJO, ORLANDO 8511-B NW 56th St Doral FL 33166-3328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VERDESCA, ANTHONY 2387 NW 149TH ST OPA-LOCKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D VERDESCA, ANTHONY 8511-B NW 56th St Doral FL 33166-3328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VERDESCA, ARLEEN 2387 NW 149TH ST OPA-LOCKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T VERDESCA, ARLEEN 8511-B NW 56th St Doral FL 33166-3328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ VD 4/6/05 786 897 7833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #