


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # F21508 1. Entity Name FIB-R-FIT, INC.	
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Principal Place of Business 8511-B NW 56TH ST DORAL, FL 33166-3328	Mailing Address 8511-B NW 56TH ST DORAL, FL 33166-3328
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DO NOT WRITE IN THIS SPACE



03102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2075947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VERDESCA, ANTHONY 8511-B NW 56TH ST DORAL, FL 33166-3328	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUACES, ALFREDO 8511-B NW 56TH ST DORAL, FL 331663328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORRAJO, ORLANDO 8511-B NW 56TH ST DORAL, FL 331663328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERDESCA, ANTHONY 8511-B NW 56TH ST DORAL, FL 331663328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VERDESCA, ARLEEN 8511-B NW 56TH ST DORAL, FL 331663328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Luaces* VICEPRESIDENT 4/04/07 305 953 0568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #