


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 014 ***150.00

DOCUMENT # F21508			
1. Entity Name FIB-R-FIT, INC.			
Principal Place of Business 8511-B NW 56TH ST DORAL, FL 33166-3328		Mailing Address 8511-B NW 56TH ST DORAL, FL 33166-3328	
2. Principal Place of Business - No P.O. Box # 1695 E 11TH AVE		3. Mailing Address 1695 E 11TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL 33010		City & State HIALEAH, FL	
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		7. Name and Address of New Registered Agent Name: VERDESCA ANTHONY Street Address (P.O. Box Number is Not Acceptable) 1695 E 11TH AVE City: HIALEAH FL Zip Code: 33010	
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 re/instating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 8511-B NW 56TH ST DORAL, FL 331663328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUACES, ALFREDO 1695 E 11TH AVE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORRAJO, ORLANDO 8511-B NW 56TH ST DORAL, FL 331663328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORRAJO, ORLANDO 1695 E 11TH AVE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VERDESCA, ARLEEN 8511-B NW 56TH ST DORAL, FL 331663328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VERDESCA, ARLEEN 1695 E 11TH AVE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Alfredo Luaces</u>		Date: <u>4/23/08</u> Daytime Phone #: <u>305 553 0568</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			