

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90036 038 ****50.00

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02172005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000005010 1. Entity Name FABUPEL LLC					
Principal Place of Business 9949 NW 89 AVE. BAY #8 MEDLEY, FL 33178			Mailing Address 9949 NW 89 AVE. BAY #8 MEDLEY, FL 33178		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 04-3640070				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAQUERO, NIDIA 9949 NW 89 AVE., BAY #8 MEDLEY, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALARCON, BUENAVENTURA MR. 11214 SW 156TH PLACE MIAMI, FL 33196 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alarcon David 9949 NW 89 Ave Bay #8 Medley, FL 33178 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAQUERO, NIDYA G MRS. 11214 SW 156TH PLACE MIAMI, FL 33196 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alarcon Carmen Liz 9949 NW 89 Ave Bay #8 Medley, FL 33178 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALARCON, DAVID A MR. 11214 SW 156TH PLACE MIAMI, FL 33196 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWRY, ISABEL R MRS. 11214 SW 156TH PLACE MIAMI, FL 33196 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENAVENTURA, ALARCON 9949 NW 89 AVE., BAY #8 MEDLEY, FL 33178 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAQUERO, NIDIA 9949 NW 89 AVE. BAY #8 MEDLEY, FL 33178 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Nidia Baquero</u> <u>4/20/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					