

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90030 037 \*\*\*\*50.00

<b>DOCUMENT # L02000005010</b>					
<b>1. Entity Name</b> FABUPEL LLC					
<b>Principal Place of Business</b> 9949 NW 89 AVE. BAY #8 MEDLEY, FL 33178			<b>Mailing Address</b> 9949 NW 89 AVE. BAY #8 MEDLEY, FL 33178		
<b>2. Principal Place of Business</b> 7385 NW 73 Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7385 NW 73 Street Suite, Apt. #, etc.			
City & State Medley, Florida Zip 33166		City & State Medley, FL Zip 33166		<b>4. FEI Number</b> 04-3640070	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BAQUERO, NIDIA 9949 NW 89 AVE., BAY #8 MEDLEY, FL 33178			<b>7. Name and Address of New Registered Agent</b> Name: Baquero Nidia Street Address (P.O. Box Number is Not Acceptable): 7385 NW 73 Street City: Medley, FL Zip Code: 33166		
<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.</b>					
SIGNATURE:  (NOTE: Registered Agent signature required when re-registering) DATE:					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALARCON, CARMEN L 9949 NW 89TH AVE BAY #8 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alarcon, Carmen L 7385 N.W. 73 street Medley, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALARCON, DAVID 9949 NW 89TH AVE BAY #8 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alarcon, David 7385 N.W. 73 street Medley, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENAVENTURA, ALARCON 9949 NW 89 AVE., BAY #8 MEDLEY, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Buena Ventura Alarcon 7385 N.W. 73 street Medley, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAQUERO, NIDIA 9949 NW 89 AVE. BAY #8 MEDLEY, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Baquero Nidia 7385 N.W. 73 street Medley, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. 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 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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					