


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L79912
 1. Entity Name
THE FABRE GROUP, INC.



Principal Place of Business 9404 NW 13TH ST BAY #41 MIAMI, FL 33172-2810 US	Mailing Address 9404 NW 13TH ST BAY #41 MIAMI, FL 33172-2810 US
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04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0254773	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
 FABRE, ERNEST
 9404 NW 13TH ST
 BAY #41
 MIAMI, FL 33172

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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 reappointing)

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

1100000307227
 04/15/05-80042-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABRE, ERNEST 9404 NW 13TH ST BAY #41 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRE, ALVARO 9404 NW 13TH ST BAY #41 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROSS, MIRIAM 9404 NW 13TH ST BAY#41 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ernest Fabre* **ERNEST FABRE** 9-11-05 305-586-0172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT