


2004 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000025998
 1. Entity Name
FAYRE INVESTMENTS GROUP, INC.



Principal Place of Business Mailing Address
329 MIRACLE MILE **329 MIRACLE MILE**
CORAL GABLES, FL 33134 US **CORAL GABLES, FL 33134 US**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1010395 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FAYAD, EMY
329 MIRACLE MILE
MIAMI, FL 33134

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FAYAD, EMY
STREET ADDRESS	329 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	FAYAD, EMY
STREET ADDRESS	329 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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: *Emy Fayad* Date: 04-29-04 Daytime Phone #: 305 442 0379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR