2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # P01000072166 FABRIUM FABRICS, INC. Principal Place of Business Mailing Address C/O DAVID M. DOBIN, ESQ. C/O DAVID M. DOBIN, ESQ. 4555 ADAMS AVENUE MIAMI BEACH FL 33140 4555 ADAMS AVENUE MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-1124082 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOBIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 4555 ADAMS AVENUE MIAMI FL 33140 Zip Code F٤ 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 Signature, typed or princed name of registered agent and title if applicable (NOTE Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ULLE Change ☐ Addition TITLE ☐ Delete AYDIN, ALI SAM! NAME U00000325605 STREET ADDRESS STREET ADDRESS 4555 ADAMS AVENUE 04/23/05-80022-015 150.00 MIAMI BCH FL 33140 CUY-SI-78 CITY-ST-ZIP VSTD Chance Addition TITLE Delete 11111 DOBIM, DANIEL J NAME NAME 4555 ADAMS AVENEU STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE AS Delete THEF ☐ Change ☐ Addition NAME DOBIN, DAVID M STREET ADDRESS 4555 ADAMS AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CHY-SI-ZiP TITLE Delete ☐ Change Addition Addition NAME SURFET ADDRESS SUBJECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHIY-SI-ZIP CITY ST-7IP

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 point 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Dan Dobin V Pres 2/18/05 954-971-1776

Deytme Phone #

FILED