

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000099747
1. Entity Name
FABAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8065 NW 8TH ST APT 6 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33126	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145505	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JORGE FARINAS	
Street Address (P.O. Box Number is Not Acceptable) 8065 NW 8 STREET UNIT 6	
City MIAMI	Zip Code 33126

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  **JORGE FARINAS PRESIDENT** **2/17/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND TRESURER JORGE FARINAS 8065 NORTHWEST 8TH ST UNIT 6 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AND SECRETARY MARIA E CENTENO 8065 NORTHWEST 8TH ST UNIT 6 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000240967 02/24/05-P0024-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT** **2/17/2005** **(305) 269-9269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #