

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000011342

1. Entity Name
FABIOLA INTERIOR DESIGN, CORP.



Principal Place of Business
**501 N.E. 57TH STREET
MIAMI, FL 33137**

Mailing Address
**501 N.E. 57TH STREET
MIAMI, FL 33137**



05072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0429391	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

**ARISTIZABAL, FABIOLA
501 N.E. 57TH STREET
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	ARISTIZABAL, FABIOLA
STREET ADDRESS	501 N.E. 57TH STREET
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	D
NAME	ARISTIZABAL, FABIOLA
STREET ADDRESS	501 N.E. 57TH STREET
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	
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CITY-ST-ZIP	

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05/30/07-80026-006 550.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: *Fabiola Aristizabal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/07
Date

Daytime Phone #