


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State


09-03-2004 90005 034 ***150.00

DOCUMENT # P03000064190	
1. Entity Name FABBRI, INC.	

Principal Place of Business 8314 NW 56TH STREET MIAMI, FL 33166	Mailing Address 8314 NW 56TH STREET MIAMI, FL 33166
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

24083467

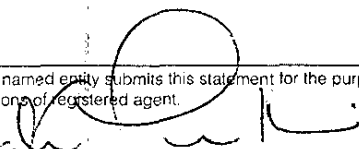


06022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
RAHME, DEBORA F 8314 NW 56TH STREET MIAMI, FL 33166	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

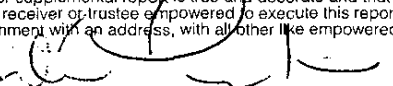
SIGNATURE  DATE **08/25/04**

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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAHME, DEBORA F 8314 NW 56TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #



ATTACHMENT 24083467
P03000064190

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 2, 2004

FABRI INC
8314 NW 56 STREET
MIAMI, FL 33166

SUBJECT: FABRI, INC

We have received your document for FABRI, INC and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

~~If you have any questions concerning the filing of your document, please call~~
(850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 604A00013919

Attachment 24683467
PO3000064190

FABRI INC.
8314 NW 56 STREET
MIAMI, FLORIDA, 33166

I'M SENDING ATACHED WITH THIS LETTER A MONEY ORDER IN
THE AMOUNT OF \$150.00.
THIS MONEY ORDER IS TO PAY THE ANNUAL FEE OF FABRI INC.

BEST REGARDS

FABRI INC.
