2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90048 004 ***150.00

DOCUMENT # P03000099604

1. Entity Name
DESIGN BY FABIO, CORP.

Principal Place of Business	Mailing Address
6355 NW 36 STREET #407 VIRGINIA GARDENS, FL 33166	6355 NW 36 STREET #407 VIRGINIA GARDENS, FL 33166

04028897

04032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1065 KANE CONCOURSE		1065 KANE CONCOURSE	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: BAY HARBOR ISLANDS, FL		City & State: BAY HARBOR ISLANDS, FL	
Zip: 33154	Country: MIAMI DADE	Zip: 33154	Country: MIAMI DADE

4. FEI Number 47-0930716 ☐ Applied F[or] ☐ Not Applic[able]

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

6. Name and Address of Current Registered Agent

LADINO, FABIO H
6355 NW 36 STREET #407
VIRGINIA GARDENS, FL 33166

7. Name and Address of New Registered Agent

Name FABIO H LADINO
Street Address (P.O. Box Number is Not Acceptable)
19855 NW 54 Ave.
City MIAMI **FL** Zip Code 33055

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 acc[ept] the obligations of registered agent.

SIGNATURE [signature] FABIO H. LADINO 04/03/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADINO, FABIO 6355 NW 36 STREET #407 VIRGINIA GARDENS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LADINO FABIO 19855 NW 54 AVE. MIAMI, FL 33055	☐ Change ☐ Ad[d]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad[d]
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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 informati[on] 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 direc[tor] 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] FABIO H LADINO President 04/03/2004 (305) 867-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #