## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000099813

Entity Name: FABEN OBG, INC.

FILED Mar 26, 2009 Secretary of State

				as of Business	
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	DENTIAL DRIVE				
1506 JACKSON	NVILLE, FL 3220	07			
Current N	Mailing Addres	s:	New Mailing Add	ress:	
36 PRUE	DENTIAL DRIVE				
1506 JACKSON	NVILLE, FL 322	07			
	: 80-0084052	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
HICKS, AI		arrent registered Agent.	rano ana raanos	o or new registered Agent.	
336 PŔUE	DENTIAL DRIVE				
1506 JACKSON	NVILLE, FL 322	07 US			
The above	e named entity s	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
n the Stat	e of Florida.				
SIGNATU	RE:				
		c Signature of Registered Age	ent	Date	
Election Ca		c Signature of Registered Age Trust Fund Contribution ( ).	ent	Date	
		Trust Fund Contribution ( ).		Date  NGES TO OFFICERS AND DIRECTOR	
OFFICER	mpaign Financing S AND DIRECT	Trust Fund Contribution ( ).  CORS:  Delete	ADDITIONS/CHAN		
<b>OFFICER</b> Title: Name:	mpaign Financing	Trust Fund Contribution ( ).  CORS:  Delete ELICIA M.D.	ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTOR	
OFFICER Fitle: Name: Address:	mpaign Financing S AND DIRECT  D () OLIVIER FOX, F	Trust Fund Contribution ( ).  CORS:  Delete ELICIA M.D. OAD	ADDITIONS/CHAN Title: Name:	NGES TO OFFICERS AND DIRECTOR	
DFFICER Title: lame: laddress: Dity-St-Zip:	S AND DIRECT  D () OLIVIER FOX, F 2311 LAUREL R JACKSONVILLE D ()	Trust Fund Contribution ( ).  ORS:  Delete ELICIA M.D. OAD , FL 32207  Delete	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title:	NGES TO OFFICERS AND DIRECTOR	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA HICKS D 03/26/2009