


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90420 016 \*\*\*150.00

**DOCUMENT # P03000108032**

1. Entity Name  
**FABIANCA FRUITS & VEGGIES, INC.**



Principal Place of Business      Mailing Address  
**1658 NE 17TH STREET**      **1658 NE 17TH STREET**  
**NORTH MIAMI BEACH, FL 33162**      **NORTH MIAMI BEACH, FL 33162**

**66428469**



2. Principal Place of Business      3. Mailing Address  
**1658 NE 176th Street**      **1658 NE 176th Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

06142004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**North Miami, Florida**      **North Miami, Florida**  
 Zip      Country      Zip      Country  
**33162**      **USA**      **33162**      **USA**


4. FEI Number      Applied For  
**80-0077480**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**NABAS, FABIANA**  
**1658 NE 17TH STREET**  
**NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent  
 Name  
**NAVAS, FABIANA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1658 NE 176th Street**  
 City      State      Zip Code  
**North Miami, FL 33162**

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: **June 14, 2004**

Signature of the registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>CALLE, GERMAN</b>	
STREET ADDRESS	<b>16909 NORTH BAY ROAD #411</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	
TITLE	SV	<input type="checkbox"/> Delete
NAME	<b>NABAS, FABIANA</b>	
STREET ADDRESS	<b>1658 NE 17TH STREET</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33162</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAVAS, FABIANA</b>	
STREET ADDRESS	<b>1658 NE 176th Street</b>	
CITY-ST-ZIP	<b>North Miami, FL 33162</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       **FABIANA NAVAS,**      06/14/2004 (786) 380\_3278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #

**Vicepresident**



*Attachment*

*66428469*

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 24, 2004

FABIANCA FRUITS & VEGGIES, INC.  
C/O GERMAN CALLE  
16909 NORTH BAY ROAD #411  
NORTH MIAMI BEACH, FL 33160

SUBJECT: FABIANCA FRUITS & VEGGIES, INC.  
Ref. Number: P03000108032

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 104A00036233