

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 049 ***150.00

DOCUMENT # P04000038727					
1. Entity Name FABY'S CORPORATION					
Principal Place of Business 1301 GARDEN STREET KISSIMMEE, FL 34744			Mailing Address 1301 GARDEN STREET KISSIMMEE, FL 34744		
2. Principal Place of Business 805 PLEASANT Bay LN Suite, Apt. #, etc. APT. 101 City & State KISSIMMEE, FL Zip 34741		3. Mailing Address 805 PLEASANT Bay LN Suite, Apt. #, etc. APT 101 City & State KISSIMMEE, FL Zip 34741		50029407 	
03042005 Chg-P CR2E034 (10/03)		4. FEI Number 30-0800486		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent COLON, PEDRO A 1238 COURTNEY CHASE CIRCLE APT 1411 ORLANDO, FL 32837			
7. Name and Address of New Registered Agent Name MARICEL S. BARRETO Street Address (P.O. Box Number is Not Acceptable) 805 PLEASANT Bay LN APT 101 City KISSIMMEE FL Zip Code 34741		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 MARICEL S. BARRETO VP 3-04-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRADE, FABIAN V 1301 GARDEN ST KISSIMMEE, FL 34744 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRETO, MARICEL S 1301 GRDEN ST KISSIMMEE, FL 34744 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRADE, FABIAN V. 805 PLEASANT Bay LN APT 101 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRETO, MARICEL S. 805 PLEASANT Bay LN APT 101 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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: FABIAN V. ANDRADE P 3-04-05 407-933-0694 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					