

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **PO4000059448**

1. Entity Name

**FABRICIA MORENO, PA
PO BOX 85042
HALLANDALE, FL 33008 US**



FILED

11 MAY 16 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

2500 PARKVIEW DR

3. Mailing Address

PO BOX 85042

Suite, Apt. #, etc.

#819

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE

4. FEI Number

201277827

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33008

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name

FABRICIA MORENO

Street Address (P.O. Box Number is Not Acceptable)

2500 PARKVIEW DR

#819

City

HALLANDALE

FL

Zip Code

33009

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

[Signature]

(NOTE: Registered Agent signature required when re-instating)

DATE

5/6/11

January 1 - May 1 - Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

FabyNames@aol.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	FABRICIA MORENO - PRESIDENT
NAME	2500 PARKVIEW DR. #819
STREET ADDRESS	HALLANDALE FL 33007
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100207294621
05/06/11--01007--018 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

05/06/11 (954) 699-4041

Daytime Phone #

5/16/11