

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-29-2005 90210 044 \*\*\*150.00

P04000096914

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 16 PM 2:48

<b>DOCUMENT # P04000096914</b> 1. Entity Name <b>FABRIS, INC.</b>					
Principal Place of Business <b>2112 NE 2ND STREET POMPANO BEACH, FL 33062</b>			Mailing Address <b>2112 NE 2ND STREET POMPANO BEACH, FL 33062</b>		
2. Principal Place of Business <b>1173 SW 1st Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>1173 SW 1st Way</b> Suite, Apt. #, etc.			
City & State <b>Deerfield Bch, FL</b>		City & State <b>Deerfield Bch, FL</b>		4. FEI Number <b>20-1296510</b>	
Zip <b>33441</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HINSHAW, JOHN 9088-D SW 22ND STREET BOCA RATON, FL 33428</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <b>John Hinshaw - President</b> <span style="float: right;"><b>04/27/2005</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FABRIS, STEFANO</b> <b>2350 NE 14TH STREET APT 701</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HINSHAW, JOHN SR</b> <b>9088-D SW 22ND STREET</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <b>Stefano Fabris</b> <span style="float: right;"><b>04/27/2005</b> (954) 9428-4800</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					