

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000138264

FILED
Jan 16, 2008
Secretary of State**Entity Name:** FABIOLA INVESTMENTS, INC.**Current Principal Place of Business:**6157 NW 167 ST
F-11/ A1
MIAMI LAKES, FL 33015 US**New Principal Place of Business:****Current Mailing Address:**6157 NW 167 ST
F-11/ A1
MIAMI LAKES, FL 33015 US**New Mailing Address:****FEI Number:** 01-0820523 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DE LOS RIOS, FABIOLA
6157 NW 167 ST
F-11/A1
MIAMI LAKES, FL 33015 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: DE LOS RIOS, NIDIA
Address: 881 SW 172 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US**Title:** VP (X) Delete
Name: DE LOS RIOS, FABIOLA
Address: 881 SW 172 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: DE LOS RIOS, FABIOLA
Address: 881 SW 172 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: FABIOLA DE LOS RIOS

P

01/16/2008

Electronic Signature of Signing Officer or Director_____
Date