2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000049027

1. Entity Name
FATABLOUS INC.

Principal Place of Business	Mailing Address
2221 SE 23RD ROAD HOMESTEAD, FL 33035	2221 SE 23RD ROAD HOMESTEAD, FL 33035

DO NOT WRITE IN THIS SPACE

04192008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4673755	Not Applicable

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

6. Name and Address of Current Registered Agent

IRVIN, AKILAH
2221 SE 23RD ROAD
HOMESTEAD, FL 33035

DO NOT WRITE IN THIS SPACE

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 Akleh Irvin

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4/18/08

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000914505 05/08/08-90061-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	IRVIN, AKILAH I
STREET ADDRESS	2221 SE 23RD RD
CITY-ST-ZIP	HOMESTEAD, FL 33035

TITLE	VP
NAME	IRVIN, AKHIYM
STREET ADDRESS	2221 SE 23RD RD
CITY-ST-ZIP	HOMESTEAD, FL 33035

TITLE	S
NAME	PARKER, APRIL
STREET ADDRESS	2221 SE 23RD RD
CITY-ST-ZIP	HOMESTEAD, FL 33035

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/18/08

Daytime Phone # 305 975-6171