

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90093 023 ***150.00

DOCUMENT # P95000035867
 1. Entity Name
 FABRA U.S.A., INC.



20033828



Principal Place of Business: 15 SUNSHINE BLVD, ORMOND BEACH FL 32174, US
 Mailing Address: C/O DUCCIO MORTILLARO, ESO, 2029 CENTURY PARK EAST, 19TH FLOOR, LOS ANGELES CA 90067-3005, US

2. Principal Place of Business: Suite, Apt # etc
 3. Mailing Address: 15 SUNSHINE BLVD
 Suite, Apt #, etc

1st MOORE CR2E034 (10/04)

City & State: ORMOND BEACH FL
 Zip: 32174 Country: USA

4. FEI Number: 59-3334274 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name:
 Street Address (P O Box Number is Not Acceptable):
 City: FL Zip Code:

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: _____ DATE: _____
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when renouncing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: \$5.00 May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERTELE, ANDREA	
STREET ADDRESS	15 SUNSHINE BLVD.	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ANNOVAZZI-BERTELE, SABRINA	
STREET ADDRESS	15 SUNSHINE BLVD.	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANNOVAZZI-BERTELE, SABRINA	
STREET ADDRESS	15 SUNSHINE BLVD	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: _____ Date: 4/15/05 Daytime Phone #: 386-672-7225