
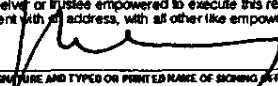


FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90044 031 ***550.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000035867		80126720	
1. Entity Name FABRA U.S.A., INC.			
Principal Place of Business 15 SUNSHINE BLVD ORMOND BEACH, FL 32174 US		Mailing Address C/O DUKCIO MORTILARO, ESQ. 2029 CENTURY PARK EAST, 19TH FLOOR LOS ANGELES, CA 90067-3005 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
<small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when electing)</small>		<small>DATE</small>	
<small>FILE NOW WITH FEES: \$100.00 After May 1, 2003 Fee will be \$550.00 Check Payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTELE, ANDREA	NAME	
STREET ADDRESS	15 SUNSHINE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNOVAZZI, SABRINA	NAME	
STREET ADDRESS	15 SUNSHINE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNOVAZZI, SABRINA	NAME	
STREET ADDRESS	15 SUNSHINE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCHINA, FABIO	NAME	
STREET ADDRESS	15 SUNSHINE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNOVAZZI, PATRIZIA	NAME	
STREET ADDRESS	15 SUNSHINE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DUCCIO MORTILARO 6/12/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

CPEB034 (10/02)

Attachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035867

1. Entity Name
FABRA U.S.A., INC. ✓

Principal Place of Business
15 SUNSHINE BLVD
ORMOND BEACH, FL 32174 US

Mailing Address
C/O DUCCIO MORTILLARO, ESQ.
2029 CENTURY PARK EAST, 19TH FLOOR
LOS ANGELES, CA 90067-3005 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
59-3334272 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when obtaining)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERTELE, ANDREA 15 SUNSHINE BLVD. ORMOND BEACH, FL 32174 <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	STD ANNOVAZZI, SABRINA 15 SUNSHINE BLVD. ORMOND BEACH, FL 32174 <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	VD ANNOVAZZI, SABRINA 15 SUNSHINE BLVD. ORMOND BEACH, FL 32174 <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	D FRANCHINA, FABIO 15 SUNSHINE BLVD ORMOND BEACH, FL 32174 <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	D ANNOVAZZI, PATRIZIA 15 SUNSHINE BLVD ORMOND BEACH, FL 32174 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Duccio Mortillaro 6/12/03
DUCCIO MORTILLARO 6/12/03
ASSIST SEC'Y

80126720



CHECK HERE IF MAKING CHANGES

CR2034 (10/02)