

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000093965



1. Entity Name
AFAB INTERNATIONAL INC.

Principal Place of Business
2155 N.E. 58 STREET
FT. LAUDERDALE, FL 33308

Mailing Address
2155 N.E. 58 STREET
FT. LAUDERDALE, FL 33308

2. Principal Place of Business
4261 W. PalmAire Dr.
Suite, Apt. #, etc.
#202
City & State
Pompano Beach FL
Zip 33069 Country U.S.A

3. Mailing Address
4261 W. PalmAire Dr.
Suite, Apt. #, etc.
#202
City & State
Pompano Beach FL
Zip 33069 Country U.S.A

6. Name and Address of Current Registered Agent
CHAPPERS, ROSITA MORA
1620 S. OCEAN BLVD. PH-A
POMPANO BEACH, FL 33062

**FILED
Apr 28, 2005 8:00 am
Secretary of State**

04-28-2005 90225 039 ***150.00



01262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0875204	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. 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

4/13/2005

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	PST CHAPPERS, ROSITA M 1620 S OCEAN BLVD PH-A POMPANO BCH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REINOSO-CHAPPERS, JOSE FELIPE 1620 S. OCEAN BLVD - PH A POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *Mr. Chappers, Rosita Mora CHAPPERS 954-979-0752*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #