FILED May 05, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION/ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022204 1. Entity Name FEBLES HOLDINGS, INC.									05-05-2003 9	91156 00	4 ***1	50.00	
Principal Place of Business Malling Address 33850 SOUTHWEST 192ND AVE 33850 SOUTHWEST 192ND AVE HOMESTEAD, FL 33034 HOMESTEAD, FL 33034								- 					
Principal Place of Business 3. Mai					Mailing Address								
Suite, Apt. #, etc.				. Suite, Apt. #, etc.					CHECK HERE IF	MAKING CH	IANGES	`	
City & State			City & State				4. F	85 8884888			oplied For of Applicable	,	
Zip	Country			Zip		Coun	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Age					Agent			7. N	lame and Address of New Reg	istered Age	nt] .
FEBLES, HUMBERTO							- Name						-
23850 SW 192ND AVE MIAMI, FL 33034							Street Address (P.O. Box Number is Not Acceptable)						_
							City			FL	Zip Cod	<u> </u>	-
	named entit		tatement for	the purpos	e of changing Its	register	ed office or registe	red age	ent, or both, in the State of Florid	la. I am fam	iliar with,	and accept	7
SIGNATURE													
	Signature, typeu	or painted name of re	gistar6ú agent an	at tide it applica	ule. (NOT	E: Registere	d ApantSignature require	d when #0	instating)	CATE			<u> </u>
Afte	May 1, 20	it FEE IS \$1 93 Fee will be o Florida Dep	\$550.00	State					Election Campaign Finan Trust Fund Contribution,	cing		0 May Be to Fees	
10.		OFFIC	CERS AND C	IRECTORS	······································	11.		AD	L DITIONS/CHANGES TO OFFICE	RS AND OIL	RECTOR	S IN 11	
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CITY-SI-ZP	ertify that the	e information su	pplied with 1	his filina da	es not qualify for		-s1-2iP mption stated in Se	ection 1	19.07(3XI), Fiorida Statutes, I fu	ther certify t	hat the Ir	nformation	1
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: SIGNATURE: On PRINTED IN ANIE OF SIGNING OFFICER OR DIRECTOR CARD TYPED OR PRINTED IN ANIE OF SIGNING OFFICER OR DIRECTOR CARD													
		SICHNITHERE AN	w i YPED OR PR	NI EÙ NAME (>> SIGNING OFFICER	OR DIRECT	IOH		Oate	Daytim	e Phone #		1