
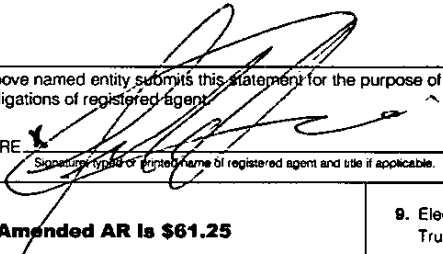
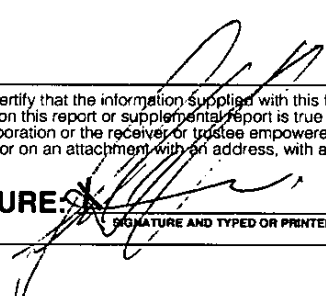


**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**S78924**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -3 AM 9:36

<b>DOCUMENT # S78924</b>					
1. Entity Name FABULOUS MEXICRAFT, INC.					
Principal Place of Business 4788 SW 72 AVE MIAMI, FL 33155 US		Mailing Address 4788 SW 72 AVE MIAMI, FL 33155 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0317944	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, YOLANDA 4788 SW 72 AVE MIAMI, FL 33155			Name <u>Gisela Hernandez-Jorcano</u> Street Address (P.O. Box Number is Not Acceptable) <u>4788 SW 72 AVE</u> City <u>Miami</u> FL Zip Code <u>33155</u>		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DC 06/06/05	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, YOLANDA 4826 ALHAMBRA CIRCLE MIAMI, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hernandez-Jorcano Gisela 4788 SW 72 AVE Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President & Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FENTON, ALINA S. 9445 SW 58 ST MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hernandez-Jorcano, David 4788 SW 72 AVE MIAMI, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice-President Secretary
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600055725918 06/03/05--01031--001	<input type="checkbox"/> Change <input type="checkbox"/> Addition **306.25
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)(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 		Gisela Hernandez Jorcano 6/1/05		305-273-9305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			