I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. CFO

SIGNATURE: CLAUDIA BANKS

Electronic Signature of Signing Officer/Director Detail

<u>2023</u>	5 FLORIDA I	PROFIT CORP	PORATION AN	INUAL REPORT

DOCUMENT# P12000076465

Entity Name: MY FAB EVENTS, INC.

Current Principal Place of Business:

11860 WEST STATE ROAD 84 SUITE B1 DAVIE, FL 33325

Current Mailing Address:

11860 WEST STATE ROAD 84 SUITE B1 DAVIE, FL 33325

FEI Number: 46-0934702

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BANKS, CLAUDIA 11860 WEST STATE ROAD 84 SUITE B1 DAVIE, FL 33325 US

R1

DAVIE FL 33325

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.

SIGNATURE:

City-State-Zip:

Officer/Director Detail : Title VP. Title TSR BANKS, CLAUDIA Name Name GREEN, HEATHER 11860 WEST STATE ROAD 84, SUITE Address 11860 WEST STATE ROAD 84, STE B1 Address

City-State-Zip:	DAVIE FL 33325

Certificate of Status Desired: Yes

03/15/2023

Date

FILED Mar 15, 2023 Secretary of State 0158301880CC

Date