


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 28, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # J90194</b> 1. Entity Name FAB EQUIPMENT LEASING, INC.	
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Principal Place of Business 926-26TH STREET WEST PALM BEACH, FL 33407	Mailing Address 926-26TH STREET WEST PALM BEACH, FL 33407
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03262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0004173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MOTTO, LILLIAN B  
 926 26TH ST.  
 WEST PALM BEACH, FL 33407

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MIOTTO, LILLIAN
STREET ADDRESS	926 26TH ST
CITY - ST - ZIP	WEST PALM BCH, FL
TITLE	D
NAME	MIOTTO, VALENTINO
STREET ADDRESS	926 26TH ST
CITY - ST - ZIP	WEST PALM BCH, FL
TITLE	V
NAME	RUTH PETERS
STREET ADDRESS	926 26TH ST
CITY - ST - ZIP	WEST PALM BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

1100000541098  
05/10/06-80045-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lillian B. Miotto*      3/27/06      561-832-2577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #