


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # J90194
 1. Entity Name
FAB EQUIPMENT LEASING, INC.



Principal Place of Business
926-26TH STREET
WEST PALM BEACH, FL 33407

Mailing Address
926-26TH STREET
WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0004173

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	

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U00000750127
 05/18/07-80049-016 150.00

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* **4/26/07** **561-746-4665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #