## ~ ≥2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G43315** 

1. Entity Name

FAB MANAGEMENT CORP.

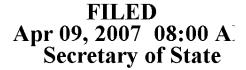


Principal Place of Business

2801 E IRLO BRONSON HWY KISSIMMEE, FL 34744 US Mailing Address

24 PINE ST.

WINDERMERE, FL 34786





01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2877886

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BUONAURO, FRANK A., JR 24 PINE ST. WINDERMERE, FL 34786

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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

Synnature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10,	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUONAURO, FRANK A., JR. 24 PINE STREET WINDERMERE, FL 34786		
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP			U00000694762 04/17/07-80034:009:158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with this thing does not qualify for the ex		Storiet Stories Liviber carify the the integration

12. Thereby certify that the information supplied with this sting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or surfilemental report is use 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 emptwered 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, Aith all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07 407-876-3595