


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 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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**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 <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

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D MIOTTO, LILLIAN 926 26TH ST WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIOTTO, VALENTINO 926 26TH ST WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUTH PETERS 926 26TH ST WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000750127  
05/18/07-80049-016 150.00

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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 #