

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000004764

1. Entity Name
THE FABRIZE FOUNDATION, INC.



Principal Place of Business
711 CONCHSHELL MANOR
PLANTATION, FL 33324

Mailing Address
711 CONCHSHELL MANOR
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

**FILED
Apr 19, 2006 8:00 am
Secretary of State**

04-19-2006 90082 004 ****61.25



04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0778749	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S
2600 DOUGLAS RD., PENTHOUSE 8
DOUGLAS CENTRE
CORAL GABLES, FL 33134

**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

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

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME FABRIZE, ROBERT O
STREET ADDRESS 711 CONCHSHELL MANOR
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D
NAME FABRIZE, ROBERT O JR.
STREET ADDRESS 711 CONCHSHELL MANOR
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D
NAME FARBRIZE, RICARDO L
STREET ADDRESS 711 CONCHSHELL MANOR
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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: *Robert O. Fabrize*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 954-474 3224
Date Daytime Phone #

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IN THIS SPACE**