

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

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

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

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



04072006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0778749	Applied For 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 NAME STREET ADDRESS CITY-ST-ZIP	D FABRIZE, ROBERT O 711 CONCHSHELL MANOR PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABRIZE, ROBERT O JR. 711 CONCHSHELL MANOR PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABRIZE, RICARDO L 711 CONCHSHELL MANOR PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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. Fabriz* **ROBERT O. FABRIZE**

4/13/06 **4/13/06**

954-474 3224 **954-474 3224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #