

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

09-13-2005 90002 018 \*\*\*158.75

<b>DOCUMENT # P04000015561</b>					
<b>1. Entity Name</b> <b>FAB INSTALLATIONS CORPORATION</b>					
<b>Principal Place of Business</b> <b>421 WATERWAY VILLAGE CT</b> <b>WEST PALM BEACH, FL 33413</b>			<b>Mailing Address</b> <b>421 WATERWAY VILLAGE CT</b> <b>WEST PALM BEACH, FL 33413</b>		
<b>2. Principal Place of Business</b> <b>4989 ALDER DRIVE</b> <b>Suite, Apt. #, etc.</b>			<b>3. Mailing Address</b> <b>Suite, Apt. #, etc.</b>		
<b>City &amp; State</b> <b>West Palm Beach</b>			<b>City &amp; State</b>		
<b>Zip</b> <b>33417</b>		<b>Country</b> <b>USA</b>		<b>Zip</b>	
<b>Country</b>		<b>4. FEI Number</b> <b>01-0807130</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>50066680</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>G. ALFA SERVICES CORP.</b> <b>10 FAIRWAY DRIVE</b> <b>SUITE 123</b> <b>DEERFIELD BEACH, FL 33441</b>				<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>FRANCO AUGUSTIN</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>4989 ALDER DRIVE</b> <b># A</b> <b>City</b> <b>WEST PALM BEACH</b> <b>FL</b> <b>Zip Code</b> <b>33417</b>	
<b>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.</b>					
<b>SIGNATURE</b>				<b>DATE</b> <b>08/18/2005</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>				<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> <b>AUGUSTIN, FRANCO E</b> <b>421 WATERWAY VILLAGE CT</b> <b>WEST PALM BEACH, FL 33413</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>4989 ALDER DRIVE "A"</b> <b>WEST PALM BEACH, FL. 33417</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>V</b> <b>DAVILA, SILVIA M</b> <b>421 WATERWAY VILLAGE CT</b> <b>WEST PALM BEACH, FL 33413</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>4989 ALDER DRIVE "A"</b> <b>WEST PALM BEACH, FL. 33417</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> <b>DAVILA, SILVIA M</b> <b>421 WATERWAY VILLAGE CT</b> <b>WEST PALM BEACH, FL 33413</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>4989 ALDER DRIVE "A"</b> <b>WEST PALM BEACH, FL. 33417</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>				<b>08/18/2005 (561) 682-9773</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>				<b>Date</b> <b>Daytime Phone #</b>	