

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

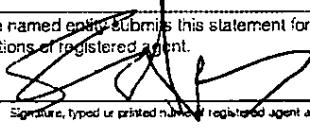
09-13-2005 90002 018 \*\*\*158.75

DOCUMENT # P04000015561		
1. Entity Name FAB INSTALLATIONS CORPORATION		

Principal Place of Business 421 WATERWAY VILLAGE CT WEST PALM BEACH, FL 33413	Mailing Address 421 WATERWAY VILLAGE CT WEST PALM BEACH, FL 33413
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2. Principal Place of Business 4989 ALDOR Drive Suite, Apt. #, etc. A	3. Mailing Address Suite, Apt. #, etc.
City & State WEST PALM BEACH	City & State
Zip 33417 County USA	Zip County

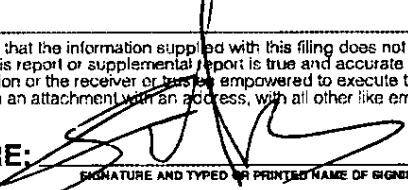
4. FEI Number 0F-0807130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
G. ALFA SERVICES CORP. 10 FAIRWAY DRIVE SUITE 123 DEERFIELD BEACH, FL 33441	

7. Name and Address of New Registered Agent
Name FRANCO AUGUSTIN
Street Address (P.O. Box Number is Not Acceptable) 4989 ALDOR DRIVE # A
City WEST PALM BEACH FL Zip Code 33417
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 rehiring)
DATE 08/18/2005

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME AUGUSTIN, FRANCO E STREET ADDRESS 421 WATERWAY VILLAGE CT CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4989 ALDOR DRIVE # A WEST PALM BEACH, FL 33417
TITLE V NAME DAVILA, SILVIA M STREET ADDRESS 421 WATERWAY VILLAGE CT CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4989 ALDOR DRIVE # A WEST PALM BEACH, FL 33417
TITLE S NAME DAVILA, SILVIA M STREET ADDRESS 421 WATERWAY VILLAGE CT CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4989 ALDOR DRIVE # A WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/18/2005 (561) 632-9773

Date

Daytime Phone #