

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90271 032 \*\*\*150.00

**60027169**



04072006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000015561</b> 1. Entity Name <b>FAB INSTALLATIONS CORPORATION</b>					
Principal Place of Business <b>4989 ALVER DRIVE</b> <b>A</b> <b>WEST PALM BEACH, FL 33417</b>			Mailing Address <b>4989 ALVER DRIVE</b> <b>A</b> <b>WEST PALM BEACH, FL 33417</b>		
2. Principal Place of Business <b>4989 ALDER DRIVE</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>A</b>		Suite, Apt. #, etc.			
City & State <b>WEST PALM BEACH</b>		City & State		4. FEI Number <b>01-0807130</b>	
Zip <b>33417</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AUGUSTIN, FRANDCO</b> <b>4989 ALVER DRIVE</b> <b>A</b> <b>WEST PALM BEACH, FL 33417</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <span style="float: right; margin-right: 50px;"><b>04/07/06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUGUSTIN, FRANCO E 421 WATERWAY VILLAGE CT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVILA, SILVIA M 421 WATERWAY VILLAGE CT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVILA, SILVIA M 421 WATERWAY VILLAGE CT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 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:			Date: <b>04/07/2006</b> (561) 722-4069		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					