

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90446 027 ***150.00

DOCUMENT # P04000015561

1. Entity Name
FAB INSTALLATIONS CORPORATION



Principal Place of Business
**4989 ALDER DRIVE
A
WEST PALM BEACH, FL 33417**

Mailing Address
**4989 ALVER DRIVE
A
WEST PALM BEACH, FL 33417**

40090948



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0807130

Applied For
Not Applicable

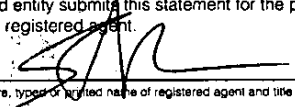
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AUGUSTIN, FRANDCO
4989 ALVER DRIVE
A
WEST PALM BEACH, FL 33417**

**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

04-13-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **AUGUSTIN, FRANCO E**
STREET ADDRESS **421 WATERWAY VILLAGE CT**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **V**
NAME **DAVILA, SILVIA M**
STREET ADDRESS **421 WATERWAY VILLAGE CT**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **S**
NAME **DAVILA, SILVIA M**
STREET ADDRESS **421 WATERWAY VILLAGE CT**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

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 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

04-13-07

Date

561-722-4069

Daytime Phone #