

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000067468

Entity Name: F.A.B.I., INC.

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5232 TOWER DR.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

3665 BONITA BEACH RD  
STE. 1-3  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

FEI Number: 65-0788833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLURE ACCOUNTING, LLC  
3665 BONITA BEACH RD  
STE. 1-3  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

ALLURE ACCOUNTING, INC  
3665 BONITA BEACH RD  
STE. 1-3  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: MARENA LOEFFLER

03/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: GALLER, REINER  
Address: 5232 TOWER DR.  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: GALLER, FABIAN  
Address: 5232 TOWER DR.  
City-St-Zip: CAPE CORAL, FL 33904

Title: PVS  
Name: LANG, HEIKE  
Address: 5232 TOWER DR  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HEIKE LANG

PVS

03/05/2012

Electronic Signature of Signing Officer or Director

Date