2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089230

City-St-Zip:

MIAMI, FL 33186

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

FILED Jun 12, 2005 Secretary of State

Entity Nar	ne: F.A.B. COI	NSULTANTS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9010 SW 137TH AVE 245 MIAMI, FL 33186			P.O. BOX 162509 MIAMI, FL 33116		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
9010 SW 137TH AVE 245 MIAMI, FL 33186			P.O. BOX 162509 MIAMI, FL 33116		
FEI Number:	65-0869472	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
FABIO, HERBERT 9010 SW 137TH AVENUE SUITE #245 MIAMI, FL 33186 US				11115 SW 134TH COURT	
The above in the State		ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: HERBERT FABIO				06/12/2005	
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	at receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I FABIO, HERBER 11115 SW 134TI MIAMI, FL 3318	H COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () I FABIO, DEBRA 11115 SW 134TI MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () I FABIO, NIGEL 11115 SW 134TI	Delete H COURT	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HERBERT FABIO PD 06/12/2005