2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000047546

1. Entity Name

FABER/KURTZ PROPERTIES I, INC.

Jan 24, 2 Secre

Principal Place of Business

Mailing Address

4500 N DIXIE HWY

SIGNATURE.

4500 N DIXIE HWY

C-412A FORT LAUDERDALE, FL 33334 C-412A FORT LAUDERDALE, FL 33334



0120200E	No Cha-P	CD0E034 (40/00)	

4. FEI Number 65-0922686

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

SCHROEDER, MICHAEL A ESQ. 120 E PALMETTO PARK RD., STE 150 BOCA RATON, FL 33432

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8.	1. 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, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be

OFFICERS AND DIRECTORS 10. TITLE NAME FABER, MICHAEL D 1560 N.W. 3RD STREET STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE NAME KURTZ, KENNETH L STREET ADDRESS 5300 N FEDERAL HWY CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE KURTZ, MICHAEL L NAME STREET ADDRESS 5300 N FEDERAL HIGHWAY CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE NAME

11000001191489 -01724705-80175-819 158.75

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12. Thereby 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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1/20/2005 (954)491-1040