

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010290

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

**Current Principal Place of Business:**

815 N HOMESTEAD BLVD UNIT 437  
HOMESTEAD, FL 33030

**Current Mailing Address:**

815 N HOMESTEAD BLVD UNIT 437  
HOMESTEAD, FL 33030 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FABIO, HERBERT  
815 N HOMESTEAD BLVD UNIT 437  
HOMESTEAD, FL 33030 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FABIO, HERBERT  
Address 815 N HOMESTEAD BLVD UNIT 437  
City-State-Zip: HOMESTEAD FL 33030

Title VPT  
Name FABIO, DEBRA  
Address 815 N HOMESTEAD BLVD UNIT 437  
City-State-Zip: HOMESTEAD FL 33030

Title S  
Name RODRIGUEZ, ARIELLE  
Address 815 N HOMESTEAD BLVD UNIT 437  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name DE LANDRO, NEVILLE  
Address 636 E 92ND ST  
City-State-Zip: BROOKLYN NY 11236

Title D  
Name LEWIS, CLEO  
Address 1140 E 86 ST  
City-State-Zip: BROOKLYN NY 11236

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HERBERT FABIO

**PRESIDENT**

**06/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date