

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116043

FILED
May 03, 2007
Secretary of State

Entity Name: FABEL BROTHERS EQUIPMENT RENTALS, INC.

Current Principal Place of Business:

28020 SW 159 CT
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

28020 SW 159 CT
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 65-1071025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABEL, KENNETH C
28020 SW 159 CT
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FABEL, KENNETH C
Address: 28020 SW 159 CT
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: FABEL, ROY C
Address: 121 VENETIAN WAY
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: KEN FABEL

PRES

05/03/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date