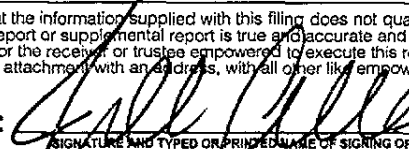


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 479114 1. Entity Name JOHN ABELL CORPORATION		
Principal Place of Business 10500 SW 186 STREET MIAMI, FL 33157	Mailing Address 10500 SW 186 STREET MIAMI, FL 33157	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ABELL JOHN W JR 10500 SW 186 STREET MIAMI, FL 33157		DO NOT WRITE IN THIS SPACE
8. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABELL, JOHN W., JR. 10500 SW 186 STREET MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSS, ROBERT 7845 S.W. 165TH ST. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/28/06 3052534444 Date Daytime Phone # X102



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1606994	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000559886
05/18/06-80018-010 150.00

**DO NOT WRITE
IN THIS SPACE**