

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F89696

FILED
Apr 27, 2006
Secretary of State

Entity Name: AMERICAN BUSINESS SERVICES CORP.

Current Principal Place of Business:

8582 NW 70TH. STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 521142
MIAMI, FL 33172

New Mailing Address:

FEI Number: 59-2189796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEDENO, OSCAR
556 SOUTH DRIVE
MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CEDENO, OSCAR A,
Address: 556 SOUTH DRIVE
City-St-Zip: MIAMI SPRINGS, FL

Title: D () Delete
Name: CEDENO, MARTHA D,
Address: 556 SOUTH DRIVE
City-St-Zip: MIAMI SPRINGS, FL

Title: D () Delete
Name: CEDENO, MARTHA A,
Address: 556 SOUTH DRIVE
City-St-Zip: MIAMI SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CEDENO, OSCAR A,
Address: 556 SOUTH DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D (X) Change () Addition
Name: CEDENO, MARTHA D,
Address: 556 SOUTH DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D (X) Change () Addition
Name: CEDENO, MARTHA A,
Address: 556 SOUTH DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: OSCAR CEDENO

PD

04/27/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date