


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90083 032 ***150.00

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1. Entity Name
ABS QUALITY EVALUATIONS, INC.



Principal Place of Business ABS AMERICAS - ABS PLAZA 16855 NORTHCHASE DRIVE HOUSTON, TX 77060	Mailing Address 1650 HGHWAY 6 SUITE 100 SUGAR LAND, TX 77478-4928 US
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94039063



2. Principal Place of Business	3. Mailing Address 168555 NORTHCHASE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03192004 Chg-P CR2E034 (10/03)

City & State HOUSTON, TX	City & State HOUSTON, TX	4. FEI Number 22-3067354	Applied For <input type="checkbox"/> Not Applicable
Zip 77060	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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	CD <input type="checkbox"/> Delete IAROSSI, FRANK J 15 WEST TERRACE DRIVE HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GILMAN, ROBERT W 1200 S. DAIRY ASHFORD, #1131 HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WIERNICKI, CHRISTOPHER J 2 WEST SHAKER COURT THE WOODLANDS, TX 77381
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete BARTON, SARAH M 5100 SAN FERRIPE- APT 57E HOUSTON, TX 770563611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST <input type="checkbox"/> Delete COOK, REEK C 17115 CHESTNUT CREEK COURT SPRINGS, TX 77379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete MILLER, THOMAS A 13107 TRIVET CYPRESS, TX 77429

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kelvin Collard 16855 Northchase Dr Houston, TX 77060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gilman, Robert W. 1200 S Dairy Ashford Houston, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chuck Russo 16855 Northchase Dr Houston, TX 77060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barton, Sarah M 5100 San Felipe #57E Houston, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cook, Reed C 17115 Chestnut Creek Court Spring, TX 77379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tony Nassit 16855 Northchase Dr Houston, TX 77060

12. I hereby 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: [Signature] [Signature] [Signature] 3-27-04 251 877-6359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #