2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED May 03, 2007 08:00 Secretary of State DOCUMENT # L88634 1. Entity Name ABREU SPORT AMUSEMENT CORP. Principal Place of Business Mailing Address 2731 SW 128 AVE 2731 SW 128 AVE MIAMI, FL 33175 MIAMI, FL 33175 No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0220197 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABREU, ODALYS DO NOT WRITE 2731 SW 128 AVE MIAMI, FL 33175 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 U00000758011 10, OFFICERS AND DIRECTORS **PSTD** TITLE ABREU, ODALYS NAME STREET ADDRESS 2731 SW 128 AVE CITY-SI-7IP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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

NAME
STREET ADDRESS
CITY-ST-ZIP

ALE OF SIGNING OFFICER OR DIRECTOR

Date

Oaytime Phone #