


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90015 041 \*\*\*150.00

<b>DOCUMENT # P03000144074</b>																	
<b>1. Entity Name</b> ABE M. CORPORATION																	
<b>Principal Place of Business</b> 6882 W 25 CT HIALEAH, FL 33016			<b>Mailing Address</b> 6882 W 25 CT HIALEAH, FL 33016														
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		Zip													
<b>6. Name and Address of Current Registered Agent</b>  CARABALLO, ABELARDO J 6882 W 25 CT HIALEAH, FL 33016																	
<b>7. Name and Address of New Registered Agent</b>																	
Name																	
Street Address (P.O. Box Number is Not Acceptable)																	
City																	
State <b>FL</b> Zip Code																	
<b>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.</b>																	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																	
Signature, typed or printed name of registered agent and title if applicable																	
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DATE																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>																	
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
Trust Fund Contribution.																	
<b>10. OFFICERS AND DIRECTORS</b>																	
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																	
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<b>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.</b>																	
<b>SIGNATURE:</b> <i>Abelardo Caraballo</i> <b>3-23-05 305-512-3869</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>President</b> Date Daytime Phone #																	



03232005 Chg-P CR2E034 (10/03)

4. FEL Number **20-0900013** Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State **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.**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
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