


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000136792

1. Entity Name
A.B.R.E. METRO, INC.



Principal Place of Business 2671 NW 30 AVE. MIAMI, FL 33142 US	Mailing Address 2671 NW 30 AVE. MIAMI, FL 33142 US
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1830203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REYES, YUNIO R
 2671 NW 30 AVE.
 MIAMI, FL 33142**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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	P/D REYES, YUNIO R 2671 NW 30 AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT S REYES, JESUS 2671 NW 30 AVE. MIAMI, FL 33142
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 05/16/06-80040-005 150.00

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 or other like empowered.

SIGNATURE: *Yunio R. Reyes* *Yunio A. Reyes* 4-25-06 305-994-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #