


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000040991

1. Entity Name  
 ABR, INC



Principal Place of Business      Mailing Address

665 MOKENA DR.      665 MOKENA DR.  
 MIAMI SPRINGS, FL 33160      MIAMI SPRINGS, FL 33160

**DO NOT WRITE IN THIS SPACE**



02202006 - No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0918820      Not Applicable

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

6. Name and Address of Current Registered Agent

EDUARTEZ, JOSE A  
 665 MOKENA DR.  
 MIAMI SPRINGS, FL 33160

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	EDUARTEZ, JOSE A
STREET ADDRESS	665 MOKENA DR.
CITY-ST-ZIP	MIAMI SPRINGS, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000483634  
 04/12/06-80007-007 150.00

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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 another like as required.

SIGNATURE: JOSE A. EDUARTEZ      2/3/06      (305) 887-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #