

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S58995

FILED  
Jul 29, 2008  
Secretary of State

Entity Name: AMERICAN BUSINESS FORWARDERS CORP.

**Current Principal Place of Business:**

8582 NW 70TH. STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 521142  
MIAMI, FL 33152

**New Mailing Address:**

FEI Number: 65-0290901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CEDENO, OSCAR A  
556 SOUTH DRIVE  
MIAMI SPRINGS, FL 33166      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CEDENO, OSCAR A  
Address: 556 SOUTH DRIVE  
City-St-Zip: MIAMI SPRINGS, FL

Title: VS ( ) Delete  
Name: CEDENO, MARTHA D  
Address: 556 SOUTH DR  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: SANCHEZ, MARIA A  
Address: 556 SOUTH DRIVE  
City-St-Zip: MIAMI SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR CEDENO

PD

07/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date