



**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000028413</b> 1. Entity Name <b>ABLE'S FLYING, INC.</b>		
Principal Place of Business <b>18390 SW 156TH STREET          #16          MIAMI, FL 33187</b>	Mailing Address <b>18390 SW 156TH STREET          #16          MIAMI, FL 33187</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		

03092005 No Chg-P CR2E004 (10/05)

4. FEI Number <b>03-0740029</b>	Applied For <input type="checkbox"/> New Application
3. CERTIFICATE OF PUBLIC OFFICER <input type="checkbox"/> <b>RA 75 additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HERA, ABEL A          18390 SW 156TH STREET          #16          MIAMI, FL 33187</b>	<b>DO NOT WRITE          IN THIS SPACE</b>
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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 must be written and stamped)

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be          Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HERA, ABEL A
STREET ADDRESS	18390 SW 156TH ST, STE 16
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	PVST
NAME	HERA, ABEL A
STREET ADDRESS	18390 SW 156TH ST, STE 16
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/05-80021-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I were the 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: *[Signature]* **3.17.05** **3052543427**