

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000056001

1. Entity Name

ABEND PARTS CORPORATION



Principal Place of Business

16407 NW 67TH AVE.
MIAMI LAKES FL 33014

Mailing Address

16407 NW 67TH AVE.
MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

02-0609475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOVAR, ILEANA A
1725 MAIN STREET STE 205
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Pre-stored Agent signature required when re-installing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ABEND, BERNARDO	
STREET ADDRESS	1294 CHINABERRY DR	
CITY- ST- ZIP	WESTON FL 33327	
TITLE	VD	☐ Delete
NAME	SACKS, CARLOS	
STREET ADDRESS	1294 CHINABERRY DR	
CITY- ST- ZIP	WESTON FL 33327	
TITLE	TD	☐ Delete
NAME	SACKS, JULIETA	
STREET ADDRESS	1294 CHINABERRY DR	
CITY- ST- ZIP	WESTON FL 33327	
TITLE	SD	☐ Delete
NAME	CALANDRIELLO, MARIA A	
STREET ADDRESS	1294 CHINABERRY DR	
CITY- ST- ZIP	WESTON FL 33327	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 without other like empowered.

SIGNATURE:

Bernardo Abend

03/13/06

754-2460598