


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90037 032 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                  |                                                       |                                                                                                 |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------|
| DOCUMENT # 316428                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                  |                                                       |                |                                   |
| 1. Entity Name<br>A & B HARDWARE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                  |                                                       |                                                                                                 |                                   |
| Principal Place of Business<br>2851 N.W. 27TH AVE.<br>MIAMI, FL 33142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | Mailing Address<br>2851 N.W. 27TH AVE.<br>MIAMI, FL 33142                        |                                                       |                                                                                                 |                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | 3. Mailing Address                                                               |                                                       |                                                                                                 |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Suite, Apt. #, etc.                                                              |                                                       |                                                                                                 |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | City & State                                                                     |                                                       | 4. FEI Number<br>59-1164417                                                                     |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country              | Zip                                                                              | Country                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                   |
| 6. Name and Address of Current Registered Agent<br>LLERENA, MARIA B.<br>2851 NW 27TH AVE N<br>MIAMI, FL 33142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                  | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                  |                                                       |                                                                                                 |                                   |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                       | <b>\$5.00</b> May Be Added to Fees                                                              |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                    | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LLERENA, MARIA B.    |                                                                                  | NAME                                                  |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3101 SW 109TH AVENUE |                                                                                  | STREET ADDRESS                                        |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MIAMI, FL            |                                                                                  | CITY-ST-ZIP                                           |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ST                   | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LLERENA, OSCAR J.    |                                                                                  | NAME                                                  |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3101 SW 109TH AVE    |                                                                                  | STREET ADDRESS                                        |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MIAMI, FL 00000,     |                                                                                  | CITY-ST-ZIP                                           |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                  | NAME                                                  |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                  | STREET ADDRESS                                        |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  | CITY-ST-ZIP                                           |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                  | NAME                                                  |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                  | STREET ADDRESS                                        |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  | CITY-ST-ZIP                                           |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                  | NAME                                                  |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                  | STREET ADDRESS                                        |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  | CITY-ST-ZIP                                           |                                                                                                 |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change                                                                 | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                  | NAME                                                  |                                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                  | STREET ADDRESS                                        |                                                                                                 |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                  | CITY-ST-ZIP                                           |                                                                                                 |                                   |
| 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 all other like empowered. |                      |                                                                                  |                                                       |                                                                                                 |                                   |
| SIGNATURE: <i>Maria B. Llerena</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | MARIA B. LLERENA                                                                 |                                                       | 1/31/07 305-633-6627                                                                            |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | Date                                                                             |                                                       | Daytime Phone #                                                                                 |                                   |