## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 448094 1. Entity Name

FILED Feb 10, 2006 08:00 AN Secretary of State

Principal Place of Business

ABBBV, INC.

Mailing Address

7925 SW 161ST STREET MIAMI, FL 33157

7925 SW 161ST STREET MIAMI, FL 33157



## DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

BOUNDS, DON SR. 7925 SW 161 STREET MIAMI, FL 33157

SIGNATURE.

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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 rogistered agent.	

(NOTE, Registered Agent signature required when reinstating)

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 U00000428547 02/21/06-80051-019 150.00

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BOUNDS, D. 7925 S W 161ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUNDS, D., JR. 4291 SW 84 COURT MIAMI, FL 33155
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. Thereby of	certify that the information supplied with this filling does not qualify for the exe

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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 all other like empowered.

SIGNATURE: DOVALD BOUNDS

SIGNATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2006 3

305-235-1/7/ Daylime Phone \*