

FILED
May 17, 2004 8:00 am
Secretary of State


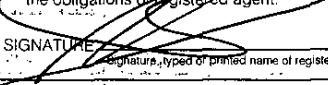
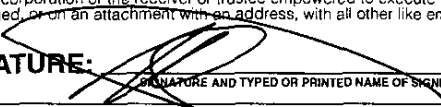
05-17-2004 90018 043 ***550.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

24076430



03062003 Chg-P CR2E034 (10/03)

DOCUMENT # J26293			
1. Entity Name MICHAEL A. ABELS, INC.			
Principal Place of Business 14600 SW 74 COURT MIAMI, FL 33158		Mailing Address 14600 SW 74 COURT MIAMI, FL 33158	
2. Principal Place of Business 7750 SW 115 ST.		3. Mailing Address 2001 W. 68 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33156	Country U.S.A.	Zip 33016	Country U.S.A.
4. FEI Number 59-2706699		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABELS, MICHAEL A. 14600 S. W. 74TH COURT MIAMI, FL 33158		7. Name and Address of New Registered Agent Name ABELS MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 7750 SW 115 STREET City MIAMI FL Zip Code 33156	
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 required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABELS, MICHAEL A. 14600 SW 74 COURT MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABELS, MICHAEL A. 7750 SW 115 ST. MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABELS, JACKELINE 14600 SW 74 COURT MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABELS, JACKELINE 7750 SW 115 ST. MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date _____ Daytime Phone # _____	