


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K22404
1. Entity Name
ABY'S IMPORT & EXPORT CORP.



Principal Place of Business Mailing Address
11140 NW 59 AVE **11140 NW 59 AVE**
HIALEAH, FL 33012 **HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0047881 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RODRIGUEZ, CARMEN M.
11140 NW 59 AVE
HIALEAH, FL 33012

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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 _____
Signature typed or printed name of registered agent and fee is applicable (2011) - Registered Agent signature required when needed.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

00000151553
05/04/04-80049-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, LOUIS O.
STREET ADDRESS	11140 NW 59 AVE
CITY - ST - ZIP	HIALEAH, FL
TITLE	STD
NAME	RODRIGUEZ, CARMEN M.
STREET ADDRESS	11140 NW 59 AVE
CITY - ST - ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 to this address, with all other fees empowered.

SIGNATURE: *[Signature]* Date: **4/29/04** **305-821-8262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #