


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/18/2005-90322-018-\$17.50-\$17.50

DOCUMENT # K90360 1. Entity Name ASSOCIATED BUSINESS & CO.	
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Principal Place of Business 600 WEST HALLANDALE BEACH BOULEVARD SUITE 6 HALLANDALE, FL 33009 US	Mailing Address POST OFFICE BOX 1295 HALLANDALE, FL 33008-1295 US
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DO NOT WRITE IN THIS SPACE

FILED

05 MAY 26 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/18/05 90322 017 1500



04142005 No Chg-P CR2E034 (10/03)

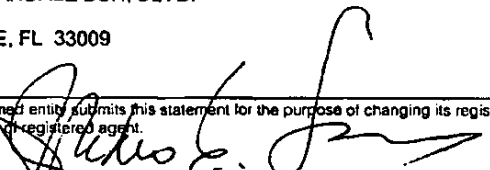
4. FEI Number 65-0699441	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SORIA, PEDRO E.
600 W. HALLANDALE BCH, BLVD.
STE. 6
HALLANDALE, FL 33009

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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:  04/15/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

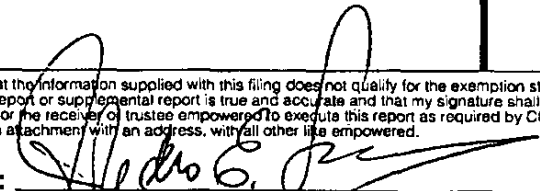
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORIA, PEDRO E 600 HALLANDALE BLVD BLDG 6 HALLANDALE, FL 33009
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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 with an address, with all other like empowered.

SIGNATURE:  04/15/2005 (954) 455-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PS 272

ASSOCIATED BUSINESS & CO.

SINCE 1989

600 W. Hallandale Beach Blvd. # 6
Hallandale, FL 33009

Mailing Address:

P.O. Box 1295 Hallandale, FL 33008-1295
Phone: (954) 455-0701 Fax: (954) 455-2911

May 19, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Ms Glenda E. Hood
Secretary of State

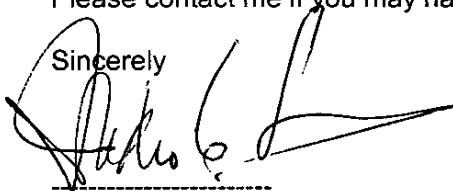
Ref: Associated Business & CO.
Number K0360

This is the respond of your letter dated April 26, 2005 in reference of the annual report for the company.

Enclosed you will find copies of the checks \$ 317.50 to paid the annual reports for the corporation Associated Business & Co. and the company Mexiflor Inc.
Please correct the records and send the certificate of Status for the company is missing to be filed.

Please contact me if you may have any question for this matter.

Sincerely



Pedro E. Soria

Roistered Agent