


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90030 019 \*\*\*150.00

<b>DOCUMENT # M14769</b> 1. Entity Name <b>ABANTO FOOD CORP.</b>					
Principal Place of Business <b>7971 SW 40TH ST. #17 MIAMI, FL 33155 US</b>			Mailing Address <b>7971 SW 40TH ST. #17 MIAMI, FL 33155 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>901 Ponce de Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite 606</b> City & State <b>Coral Gables, FL</b> Zip      Country <b>33134</b>			
4. FEI Number <b>59-2524461</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ABANTO, MARIO 7971 S.W. 40 ST. UNITE 17 MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABANTO, MARIO</b> <b>9500 SW 93RD AVE.</b> <b>MIAMI, FL</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Mario Abanto</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/15/05</u> <u>305-2660212</u> <small>Date      Daytime Phone #</small>		

**50056732**



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