

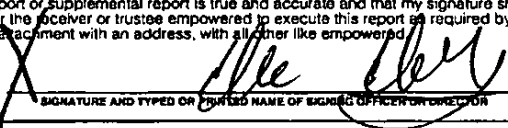


**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90028 045 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # M46118</b> 1. Entity Name <b>A. B. PROPERTY SERVICES, INC.</b>		
Principal Place of Business <b>180 NW 183 STREET MIAMI, FL 33179</b>	Mailing Address <b>180 NW 183 STREET SUITE 102 MIAMI, FL 33179</b>	<b>66002689</b> 
<b>DO NOT WRITE IN THIS SPACE</b>		01182005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-2763281</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>ELBAZ, ELIEZER 180 NW 183 ST. MIAMI, FL 33179</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELBAZ, ELIEZER 546 PALM DR. HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONAN, SHLOMO 461 TAMARIND DR HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>1/18/05 305-930-5580</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		