

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90030 030 ***150.00

DOCUMENT # M74808

1. Entity Name

ABLE-TRES, INC.



Principal Place of Business

2400 MORRELL ROAD
ROCKLEDGE FL 32955
US

Mailing Address

% EDWIN J. AVILES
~~33 FOREST AVE.~~
~~VALLEY STREAM NY 11581~~

2. Principal Place of Business

3. Mailing Address

190 ESCAMBIA LANE
304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
COCA BEACH, FLORIDA

Zip

Country

Zip

Country

32931

U.S.A.

4. FEI Number

58-1796814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVILES, PAUL
55 ROCKLEDGE AVE
ROCKLEDGE FL 32955

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D AVILES, EDWIN J. ☐ Delete
STREET ADDRESS ~~33 FOREST AVE.~~
CITY-ST-ZIP ~~VALLEY STREAM NY~~

TITLE
NAME D AVILES, EDWIN J. ☒ Change ☐ Addition
STREET ADDRESS 190 ESCAMBIA LANE # 304
CITY-ST-ZIP COCA BEACH, FLORIDA 32931

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 (321) 784-7849