

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068789

Entity Name: ABACO SOLUTIONS CORP.

FILED  
Feb 07, 2006  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 161257  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161257  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

FEI Number: 65-1026139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, JESY  
17911 NW 52 AVENUE  
MIAMI, FL 33055 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: RODRIGUEZ, REBECA  
Address: P.O. BOX 161257  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VP ( ) Delete  
Name: RODRIGUEZ, JESY  
Address: P.O. BOX 161257  
City-St-Zip: HIALEAH GARDENS, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECA RODRIGUEZ

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02/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date