


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90065 040 ***158.75

DOCUMENT # P00000078525					
1. Entity Name AMERICAN BUSINESS CAPITOL, INC.					
Principal Place of Business 18881 92ND LANE NORTH LOXAHATCHEE, FL 33470			Mailing Address 18881 92ND LANE NORTH LOXAHATCHEE, FL 33470		
2. Principal Place of Business 4331 N. Dixie Hwy.		3. Mailing Address Same			
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State			
Zip 33431		Country USA		Zip	
				Country	
4. FEI Number 65-1041476			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 AMANZIO, GEORGE 18881 92ND LANE NORTH LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name: ERIN AMANZIO Street Address (P.O. Box Number is Not Acceptable) 4331 N. Dixie Hwy. Ste. 4 Boca Raton FL 33431		
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: <u>Erin Amanzio</u> <u>Erin Amanzio</u> <u>3/7/06</u> <small>Signature, typed or printed name of registered agent or both, if applicable. (NOTE: Registered Agent signature required when installing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMANZIO, GEORGE <input checked="" type="checkbox"/> Delete 18881 92ND LANE NORTH LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERIN AMANZIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4331 N. Dixie Hwy. Ste. 4 Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JILL SOUZA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4331 N. Dixie Hwy. Ste. 4 Boca Raton, FL 33431	
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 exemptions contained 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 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>Erin Amanzio</u> <u>Erin Amanzio</u> <u>3/7/06</u> <u>395-0571</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					