


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000025050

1. Entity Name
ABU ENTERPRISES, CORPORATION



Principal Place of Business Mailing Address

**4504 CARROLLWOOD VILLAGE DR.
TAMPA, FL 33624** **4504 CARROLLWOOD VILLAGE DR.
— TAMPA, FL 33624**

DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3720816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FAGUNDO, RUBEN
4504 CARROLLWOOD VILLAGE DR.
TAMPA, FL 33624**

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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 _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FAGUNDO, RUBEN 4504 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ANDRACA, LOURDES 4504 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SATTER, MARIA X 4504 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PINO, RAUL A 4504 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06-80046-009 150.00

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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: Ruben Jagundo - President Date: 3/13/06 Daytime Phone #: 813-961-4940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR