2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2006 APR 25 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026197

1. Entity Name
ABCA INVESTMENTS CORP.

Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131	201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
19950 W. Country Club Dr.	19950 W. Country Club Dr.
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country:	Zip: 33180 Country:

02062006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-1994385 ☐ 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
ZAMORA, ANTONIO R 201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road City: Plantation FL Zip Code: 33324

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: PETER F. SOUZA ASSISTANT SECRETARY 4/24/06
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, 2006 Fee will be $550.00

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 / STREET ADDRESS / CITY-ST-ZIP	PD CABABIE, ABRAHAM 19950 W COUNTRY CLUB DR, STE 900 AVENTURA, FL 33180	☒ Delete	D/P/S Cababie, Elias 19950 W. Country Club Dr., Ste. 900 Aventura, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZAMORA, ANTONIO 201 S BISCAYNE BLVD, STE 2500 MIAMI, FL 33131	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900073413039 05/01/06--01017--007 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 04-19-06 305-946-6810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Elias Cababie, President