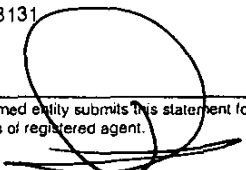
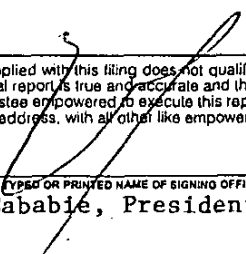


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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2006 APR 25 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026197			
1. Entity Name ABCA INVESTMENTS CORP.			
Principal Place of Business 201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131		Mailing Address 201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131	
2. Principal Place of Business 19950 W. Country Club Dr.		3. Mailing Address 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
6. Name and Address of Current Registered Agent ZAMORA, ANTONIO R 201 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 (NOTE: Registered Agent signature required when reinstating)			
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Elias Cababie, President		04-13-06 Date 305-966-1610 Daytime Phone #	