## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

GIGHATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 01, 2005 08:00 AM Secretary of State

DOCUMENT # P0100040662  1. Entity Name ABEL'S SWEET JAM'N LIMO, INC.				Secretary of State				
Principal Place of Business  671 SEVENTH STREET NW NAPLES, FL 34120  Mailing Address  671 SEVENTH STREET NW NAPLES, FL 34120  NAPLES, FL 34120								
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DO NOT WRITE IN THIS SPACE				02102005	No Chg-P	CR2E034 (10/03)	i i	
				4. FEI Numb		Applied F	For	
				65-107	2757 of Status Desired	Not Appli \$8.75 Additional		
	6. Name and Address of Current Regis	tered Agent		3. Certificate	O Status Desired	Fee Required		
ALVAREZ, ABEL 671 SEVENTH STREET NW NAPLES, FL 34120				DO NOT WRITE IN THIS SPACE				
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  Signature, typod or printed name of registered agent and the If applicable.  [NOTE Registered Agent signature required when reinstating].  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ncing \$	55.00 May Be added to Fees				
10.	PRES PRES	CTORS	_		**		. —	
NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ_ABEL 671 SEVE <u>N</u> TH STREET NW NAPLES, FL 34120			-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/01/05-	284139 80055-008 150.00	)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT W	RITE	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			-					
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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								