

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000106867	
1. Entity Name ABUNDANT ENERGY STORES, INC.	

Principal Place of Business 14248 NW 7 AVE NORTH MIAMI, FL 33168	Mailing Address 14248 NW 7 AVE N MIAMI, FL 33168
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1151743	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NUBIAN TAX CONSULTANTS 16300 NE 19 AVENUE SUITE 215 NORTH MIAMI BEACH, FL 33162

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000249216 03/02/05-80061-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OSBORNE, VILMA 14248 NW 7 AVE N MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSBORNE, STANLEY 14248 NW 7 AVE N MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, MARVA 14248 NW 7 AVE N MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARRIS, RABIE 14248 NW 7 AVE N MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, MALIKA 3751 SW 139 AVENUE WEST MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Vilma Osborne</u> <u>Vilma OSBORNE</u>	Date <u>2-24-05</u>	Daytime Phone # <u>305 685-0517</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		