

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000000415
 1. Entity Name
ABCO HOME INVESTMENTS, INC.



Principal Place of Business Mailing Address
3061 NW 7 ST., STE. 200 **3061 NW 7 ST., STE. 200**
MIAMI, FL 33125 **MIAMI, FL 33125**



03122006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0553170	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
VAZQUEZ, ALEJANDRO
3061 NW 7 ST., STE. 200
MIAMI, FL 33125

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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, 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	P VAZQUEZ, ALEJANDRO J JR 3061 NW 7 ST, SUITE 200 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAZQUEZ, MINERVA I 3061 NW 7 ST, SUITE 200 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000486149
 04/13/06-80024-010 150.00

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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:  3-27-06 305-541-265
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #