2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000000415

1. Entity Name

ABCÓ HOME INVESTMENTS, INC.



Principal Place of Business

Mailing Address

3061 NW 7 ST., STE. 200 MIAMI, FL 33125 3061 NW 7 ST., STE. 200 MIAMI, FL 33125

FILED Apr 23, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0553170

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, ALEJANDRO 3061 NW 7 ST., STE. 200 MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its reg	gistered office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered egent and title i	t applicable. (NOTE: Re	gistered Agent signature	required when reinstating)	DATE
FiL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Trust Fund Contribu	· -	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	P				
NAME	VAZQUEZ, ALEJANDRO J JR				
STREET ADDRESS	3061 NW 7 ST, SUITE 200				
CITY-ST-ZIP	MIAMI, FL 33125				
TITLE	V	,			U00000725933
NAME	VAZQUEZ, MINERVA I			·	05/03/07-80042-014 150.00
STREET ADDRESS	3061 NW 7 ST, SUITE 200				· 1
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TITLE				INI T	HIS SPACE
NAME	•		I	11.4 1	IIIO OFACE
STREET ADDRESS					
CITY-ST-7IP					

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:

TITLE .
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PURITED HAME OF SIGNING OFFICER OR DIRECTOR

4-17-07

305-785-4494

Daytime Phone i