

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90304 020 \*\*\*150.00

DOCUMENT # P02000008035

1. Entity Name  
ABACOA REAL ESTATE, INC.



Principal Place of Business  
1200 UNIVERSITY BLVD.  
SUITE 210  
JUPITER, FL 33458

Mailing Address  
1200 UNIVERSITY BLVD.  
SUITE 210  
JUPITER, FL 33458

50042471



**DO NOT WRITE IN THIS SPACE**

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
16-1659597

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARY, III, JOHN W  
701 U.S. HIGHWAY 1  
STE. 402  
NORTH PALM BEACH, FL 33408

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title 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 Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALOUR, NADER 1200 UNIVERSITY BLVD., STE 210 JUPITER, FL 33458
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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)(i), 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

4/15/05

Date

561-745-6400

Daytime Phone #