

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000056001		
1. Entity Name ABEND PARTS CORPORATION		

Principal Place of Business 16407 NW 67TH AVE. MIAMI LAKES FL 33014	Mailing Address 16407 NW 67TH AVE. MIAMI LAKES FL 33014
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 02-0609475	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOVAR, ILEANA A 1725 MAIN STREET STE 205 WESTON FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Pre-stored Agent signature required when re-installing) DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABEND, BERNARDO 1294 CHINABERRY DR WESTON FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000468978 03/25/06-80010-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SACKS, CARLOS 1294 CHINABERRY DR WESTON FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SACKS, JULIETA 1294 CHINABERRY DR WESTON FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALANDRIELLO, MARIA A 1294 CHINABERRY DR WESTON FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 without other like empowered.

SIGNATURE: *Bernardo Abend* **03/13/06** **754-2460598**