2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078392

Entity Name: INVERSIONES ABEL, CORP.

FILED Apr 23, 2008 Secretary of State

Name and Address of Current Registered Agent: JOSE RAMON SILVA DOS SANTOS 1599 SW 30TH AVENUE SUITE 11 BOYNTON BEACH, FL 33426 US The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS Title: PD () Delete Name: ABEL ALEXANDER TEIXE, IRA LOPEZ Address: 1599 SW 30TH AVENUE #11 Address: 3162 NE 212 TERRACE City-St-Zip: AVENTURA, FL 33180 Title: VD () Delete AVENTURA, FL 33180 Title: VD () Delete Name: Address: 1599 SW 30TH AVENUE #11 Address: 1590 SW 30TH AVENUE #11							
SUITE 11 BOYNTON BEACH, FL 33426 Current Mailing Address: 1599 SW 30TH AVENUE SUITE 11 BOYNTON BEACH, FL 33426 FEI Number: 02-0633741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Sta Name and Address of Current Registered Agent: Name and Address of New Registered JOSE RAMON SILVA DOS SANTOS 1599 SW 30TH AVENUE SUITE 11 BOYNTON BEACH, FL 33426 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS Title: PD () Delete Name: ABEL ALEXANDER TEIXE, IRA LOPEZ Address: 1599 SW 30TH AVENUE #11 Address: 3162 NE 212 TERRACE City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip:	Current Principal Place of Business:				New Principal Place of Business:		
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	Name: Address:	ENEIDA CON 1599 SW 30T	CEPCION FE, RREIRA H AVENUE #11	Name: Address	:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEL TEIXEIRA PD 04/23/2008