



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000089491</b> 1. Entity Name ABUR, INC.			
Principal Place of Business 1000 SOUTHERN BOULEVARD SUITE 300 WEST PALM BEACH, FL 33405		Mailing Address 1000 SOUTHERN BOULEVARD SUITE 300 WEST PALM BEACH, FL 33405	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		04212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 14-1874677	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<p>U000000150033 05/03/04-80212-002 158.75</p> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TOMEU, ENRIQUE J 1000 SOUTHERN BLVD. #300 WEST PALM BEACH, FL 33405		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/30/04</u> (561) 832-2110 <small>Daytime Phone #</small>	