
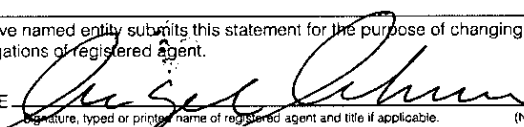
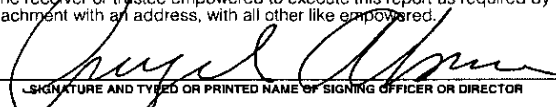


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90162 002 ***150.00

DOCUMENT # P02000091352 1. Entity Name ANGEL ABREU INTERIOR INC.					
Principal Place of Business 7925 NW 12 ST STE 318 MIAMI, FL 33126			Mailing Address 7925 NW 12 ST STE 318 MIAMI, FL 33126		
2. Principal Place of Business 7925 NW 12TH STREET Suite, Apt. #, etc. SUITE 407 City & State MIAMI, FLORIDA Zip 33126			3. Mailing Address 7925 NW 12TH STREET Suite, Apt. #, etc. SUITE 407 City & State MIAMI, FLORIDA Zip 33126		
Country USA			Country USA		
6. Name and Address of Current Registered Agent ABREU, ANGEL 7925 NW 12 ST STE 318 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name ANGEL ABREU Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12TH STREET SUITE 407 City MIAMI		
State FL			Zip Code 33126		
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  DATE 4/26/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ABREU, ANGEL 7925 NW 12 ST STE 318 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANGEL ABREU 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 4/26/04 Daytime Phone # 305 4707004		