


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000119302**  
 1. Entity Name  
**ABEL COMMUNICATIONS INC.**



Principal Place of Business      Mailing Address  
 P.O. BOX 146                      P.O. BOX 146  
 WINTER PARK, FL 32790      WINTER PARK, FL 32790

**DO NOT WRITE IN THIS SPACE**



01272005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3416858**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 GAGLIANO, ANDREA B  
 1800 KILLARNEY DR.  
 WINTER PARK, FL 32789

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

100000264016  
 03/15/05-80009-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GAGLIANO, ANDREA B
STREET ADDRESS	P.O. BOX 146
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR