


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90116 037 ***150.00

DOCUMENT # P03000109828	
1. Entity Name A B FAMILY ENTERPRISE, INC.	

Principal Place of Business 22225 SW 182ND AVE. MIAMI, FL 33170	Mailing Address 22225 SW 182ND AVE. MIAMI, FL 33170
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50049714

2. Principal Place of Business Suite, Apt # etc	3. Mailing Address 120 NE 47th Place Suite, Apt #, etc
City & State Ocala - FL	City & State Ocala - FL
Zip 34479	Country



05022005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0283504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUDHU, ANTHONY 22225 SW 182ND AVE. MIAMI, FL 33170	
7. Name and Address of New Registered Agent Name: Anthony Budhu Street Address (P.O. Box Number is Not Acceptable) 120 NE 47th place City: Ocala FL Zip Code: 34479	

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: Anthony Budhu (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDHU, ANTHONY 22225 SW 182ND AVE. MIAMI, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 NE 47th place Ocala - FL - 34479. <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
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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: Anthony Budhu DATE: 4/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR