2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156438

Entity Name: AB SUBS. INC.

City-St-Zip:

PENSACOLA, FL 32506

FILED Apr 29, 2005 Secretary of State

Entity Nan	1e: AB SUBS,	INC.					
Current Principal Place of Business:				New Principal Place of Business:			
4540 MOBI PENSACOI	LE HWY. LA, FL 32506			4600 MOBI 110 PENSACO	LE HWY. LA, FL 32506		
Current Mailing Address:				New Mailing Address:			
4540 MOBILE HWY. PENSACOLA, FL 32506				4600 MOBILE HWY. 110 PENSACOLA, FL 32506			
FEI Number:	20-0519207	FEI Number Applied For ()	FEI Num	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PATEL, BHADRIKA A 4540 MOBILE HWY. PENSACOLA, FL 32506 US			PATEL, BHADRIKA A 4600 MOBILE HWY. PENSACOLA, FL 32506 US				
The above in the State		bmits this statement for the p	urpose of	f changing it	ts registered o	ffice or registered agent, or	both,
SIGNATURE: BHADRIKA A PATEL				04/29/2005			
	Electronic	Signature of Registered Age	ent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E SUKHO, ANIL 626 OLD HICKOR GRENDA, MS 38			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E PATEL, BHADRIK 4540 MOBILE HV PENSACOLA, FL	VY		Title: Name: Address: City-St-Zip:	VP (X) PATEL, BHADR 4600 MOBILE H PENSACOLA, F	HWY	
Title: Name: Address:	S () E PATEL, ARVIND I 4540 MOBILE HV			Title: Name: Address:	S (X) PATEL, ARVINI 4600 MOBILE I		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

PENSACOLA, FL 32506

SIGNATURE: ARVIND PATEL S 04/29/2005