



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90081 037 \*\*\*150.00

<b>DOCUMENT # P04000007942</b> 1. Entity Name <b>ABCAA CORPORATION</b>					
Principal Place of Business <b>25 NW 127 AVENUE MIAMI, FL 33182-1111</b>			Mailing Address <b>25 NW 127 AVENUE MIAMI, FL 33182-1111</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
04062005      Chg-P      CR2E034 (10/03)		4. FEI Number <b>14-1901063</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>JANE, ALEJANDRO J 25 NW 127 AVENUE MIAMI, FL 33182-1111</b>			
7. Name and Address of New Registered Agent Name <b>ALEJANDRO JANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>25 NW 127 Ave</b> City <b>MIAMI</b> FL      Zip Code <b>33182</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 <i>[Signature]</i> DATE <b>4-5-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D JANE, ALEJANDRO J 25 NW 127 AVENUE MIAMI, FL 331821111	<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	D JANE, BELINDA G 25 NW 127 AVENUE MIAMI, FL 331821111	<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	
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	
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: <b>BELINDA G. JANE</b> <i>[Signature]</i> DATE <b>4-5-05</b>			DAYTIME PHONE <b>305 223 3111</b> <b>305 710 4667</b>		