
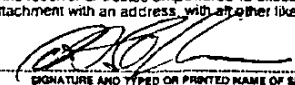


2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/1 **FILED**
Jun 24, 2005 8:00 am
Secretary of State

06-13-2005 90006 008 ***158.75

DOCUMENT # P04000009496			
1. Entity Name OSMANY ABELLA, INC.			
Principal Place of Business 511 SW 37 AVE #1 MIAMI, FL 33135		Mailing Address 511 SW 37 AVE #1 MIAMI, FL 33135	
2. Principal Place of Business 9835 SW 15th ST		3. Mailing Address 9835 SW 15th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33174		Country USA	
4. FEI Number 594 13 9519		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ABELLA, OSMANY 511 SW 37 AVE #1 MIAMI, FL 33135		7. Name and Address of New Registered Agent Osmany Abella 9835 SW 15th ST MIAMI FL 33174	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
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.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABELLA, OSMANY 511 SW 37 AVE #1 MIAMI, FL 33135 <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
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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 another like empowered.			
SIGNATURE: 		Date: 6/8/05 Daytime Phone #: 305-293-294	

ATTACHMENT

66023762

June 20, 2005

Divisions of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Reference # P04000009496

To whom it may concern:

As a follow up to my conversation with your staff today and on June 8, 2005, please be advised that I never received notification from your agency on the renewal of my corporation or any other documents relating to same.


I was advised on both my conversations with your staff that this fee would be waived. Therefore the check for \$158.75 is as follows:
\$150.00 for the filing and \$8.75 for the certificate of status.

Please apply the above payment to my records and submit the filed applications and mail me copies for my records.

I was advised by your offices that via means of this letter the fee would be waived, note I am now at 9835 S.W. 15th Street, Miami, Florida 33174

I remain.

Respectfully yours,


Mr. Osmany Abella
OA/mcm