


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 010 ***150.00

DOCUMENT # P04000023084 1. Entity Name PREFERRED RESOURCES, INC.					
Principal Place of Business 20706 SOUTH DIXIE HWY. MIAMI, FL 33189			Mailing Address 20706 SOUTH DIXIE HWY. MIAMI, FL 33189		
2. Principal Place of Business 10820 SW 200 DR.		3. Mailing Address 10820 SW 200 DR.			
Suite, Apt. #, etc. 2425		Suite, Apt. #, etc. 2425			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33157		Country USA		4. FEI Number 83-0382555	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ABDO, MICHAEL L 20706 SOUTH DIXIE HWY. MIAMI, FL 33189			7. Name and Address of New Registered Agent Name MICHAEL L. ABDO Street Address (P.O. Box Number is Not Acceptable) 10820 SW 200 DR. #2425 City MIAMI FL Zip Code 33157		
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 <u><i>Michael L. Abdo</i></u> DATE <u>15 May 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		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	PSTD ABDO, MICHAEL L 20706 SOUTH DIXIE HWY. MIAMI, FL 33189		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABDO, MICHAEL L. 10820 SW 200 DR. MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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 exemptions contained in Chapter 119, 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: <u><i>Michael L. Abdo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>15 May 2006</u> Daytime Phone # <u>305-238-3265</u>		