


**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**

05092006 Chg-P CR2E034 (11/05)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33157**

Country  
**USA**

Zip  
**33157**

Country  
**USA**

4. FEI Number  
**83-0382555**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 *Michael L. Abdo* DATE **15 May 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABDO, MICHAEL L 20706 SOUTH DIXIE HWY. MIAMI, FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABDO, MICHAEL L. 10820 SW 200 DR. MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: *Michael L. Abdo* DATE **15 May 2006** Daytime Phone # **305-238-3265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #