

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000105620</b> 1. Entity Name <b>AMERICAN BUSINESS CENTER, INC.</b>			
Principal Place of Business <b>7531 N.W. 52ND STREET MIAMI, FL 33166</b>		Mailing Address <b>7531 N.W. 52ND STREET MIAMI, FL 33166</b>	
2. Principal Place of Business <b>1375 NW 89 Ct.</b> Suite, Apt. #, etc. <b>9</b>		3. Mailing Address <b>1375 NW 89 Ct.</b> Suite, Apt. #, etc. <b>9</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33172</b>		Zip <b>33172</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>27-0098071</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ESTRELLA &amp; DIAZ-LEYVA, P.A. 1321 ALTON RD MIAMI BEACH, FL 33139</b>		7. Name and Address of New Registered Agent Name <b>MARY BENITEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1375 N.W. 89 COURT., #9</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33172</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 <u><b>MARY BENITEZ</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u><b>2-7-06</b></u>	
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ESTEVE, JOSE L 7531 N.W. 52ND STREET MIAMI, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CRUZ, MARY 7531 N.W. 52ND STREET MIAMI, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ESTEVE, JOSE 1375 N.W. 89 Ct. #9 MIAMI, FL 33172	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Benitez, MARY 1375 NW 89 Ct. #9 MIAMI, FL 33172	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800066553468 02/24/06--01011--009 **300.00	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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><b>MARY BENITEZ</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><b>2-7-06</b></u> Daytime Phone # <u><b>305-303-3335</b></u>	

FILED

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CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05.06