## 2007 FOR PROFIT CORPORATION. ANNUAL REPORT

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## DOCUMENT # P04000140853

1. Entity Name

AMERICAN BID SERVICES, INC.



FILED Apr 04, 2007 08:00 Al Secretary of State

Principal Place of Business

8021 NW 14TH STREET DORAL, FL 33126

Mailing Address

PO BOX 522835 MIAMI, FL 33152

AMI, FE 33132



01242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3511651 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JDM INDUSTRIES, INC 8021 NW 14TH STREET DORAL, FL 33126

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	$oldsymbol{e}$ named entity submits this statement for the parameters of registered agent.	ourpose of changing its re	gistered office or	egistered agent, or b	oth, in the State of F	florida. I am familiar with	n, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title	d applicable (NOTE R	legistered Agent signatur	a required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib	~ —	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					· <del>····································</del>	1 3 1 e \$	2.5
TITLE	P						·
NAME	GONGORA, DAVID D					•	
STREET ADDRESS	TADDRESS 133 EAST 14TH STREET						
CITY-ST-ZIP	HIALEAH, FL 33010			•	nooōōo		
TITLE	LE VP				04/11/07-	80074-002 300	.00
	DODDIOUEZ JOSE D						

STREET ADDRESS 133 EAST 14TH STREET CITY-ST-ZIP HIALEAH, FL 33010 VΡ TITLE GONGORA, MAGDELENIS NAME STREET ADDRESS 133 EAST 14TH STREET CITY-ST-ZIP HIALEAH, FL 33010 TITLE NAME GONGORA, JUAN D STREET ADDRESS 133 EAST 14TH STREET CITY-ST-ZIP HIALEAH, FL 33010 TITLE NAME STREET ADDRESS

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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 truetee emprivered 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR