

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90059 042 \*\*\*150.00

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02012006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000141521</b> 1. Entity Name <b>ALLIANCE BUSINESS INTERNATIONAL CORP.</b>					
Principal Place of Business <b>C/O 5956 W. 16TH AVE HIALEAH, FL 33012</b>			Mailing Address <b>C/O 5956 W. 16TH AVE HIALEAH, FL 33012</b>		
2. Principal Place of Business <b>15251 SW 50 ST</b>		3. Mailing Address <b>15251 SW 50 ST.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIRAMAR FL</b>		City & State <b>MIRAMAR FL</b>		4. FEI Number <b>20-1780110</b>	
Zip <b>33027</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARQUES, JOSE H C/O 5956 W. 16TH AVE HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15251 SW 50 ST.</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33027</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  DATE <b>2/1/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MARQUES, JOSE H C/O 5956 W. 16TH AVE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MARQUES, CARLA M C/O 5956 W. 16TH AVE HIALEAH, FL 33012	<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			
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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"/> Delete			
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: <b>JOSE HENRIQUE MARQUES</b> <b>02/01/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					