

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000115

Entity Name: A-BIX SERVICES, CORP

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

3115 DELLCREST PL  
LAKE MARY, FL 32746

## New Principal Place of Business:

1703 LAKELET LOOP  
OVIEDO, FL 32765

## Current Mailing Address:

3115 DELLCREST PL  
LAKE MARY, FL 32746

## New Mailing Address:

1703 LAKELET LOOP  
OVIEDO, FL 32765

FEI Number: 20-2085621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALZATE, OMAR A  
3115 DELLCREST PL  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

ALZATE, OMAR A  
1703 LAKELET LOOP  
OVIEDO, FL 32765 US

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.

SIGNATURE: OMAR A ALZATE

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALZATE, OMAR A  
Address: 3115 DELLCREST PL  
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete  
Name: VELEZ, BIBIANA  
Address: 3115 DELLCREST PL  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALZATE, OMAR A  
Address: 1703 LAKELET LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change ( ) Addition  
Name: VELEZ, BIBIANA  
Address: 1703 LAKELET LOOP  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR ALZATE

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date