## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2006 8:00 am Secretary of State

2/1

DOCUMENT # P05000104812  1. Entity Name A PLUS ABSTRACT INC.								02-16-200	900	42 008 **	*150.00
Principal Place of Business 1 SE 3RD AVE STE 2920 MIAMI, FL 33131				Mailing Address 1 SE 3RD AVE STE 2920 MIAMI, FL 33131				n soin diit ada asin berd	170M 96M	DIRRII SOIDI AKDID IND	no e ne
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01182008	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Numb	*10-3215	189		plied For t Applicable
Žip	Country				Coun	try	<u> </u>	o of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						Name	7. Name en	d Address of New Re	gistered	Agent	
ACCETTA, ANTHONY 1 SE 3RD AVE STE 2920 MIAMI, FL 33131					Street Address (P.O. Box Number is Not Acceptable)						
						City			FI	Zip Code	,
		ly submits this statement for	urpose of changing its	l ad office or register	red agent, or b	oth, in the State of Flor			and accept		
the obligations of registered agent.  SIGNATURE											
Signature, typed or primad name of registered agent and stile if applicable. (HOTE: Registered Agent aignature required.								<u> </u>	DATE		
FILE NOWIII FEE \$ \$150.00 9. Election Campaign Financing \$5.0 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.											
10.	Y	OFFICERS AND	DIREC		11.		ADDITIONS	CHANGES TO OFFIC	CERS AN		
TITLE MANE	D ACCETY	A, ANTHÔNY		☐ Deleta	TITU NAM					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	% 1 SE 3RD AVE STE 2920 MIAMI, FL 33131					ET ADDRESS -ST-DP					
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NAME STREET ADDRESS CITY-ST-ZIP		L PETER RD AVE STE 2920 L 33131				E ET ADORESS - ST-ZIP					
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CITY-ST-ZIP	<u> </u>	<del></del> -		Delate	CITY	- ST-ZIP				Change	Addition
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CITY-ST-ZIP					CITY	-51-ZP					
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TITLE				☐ Deleta	TITL	E .				Change	Addition
STREET ADDRESS CITY-ST-ZIP					STR	ET ADORESS -S1-ZIP					
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 it made under oath; that I am an officer or director of the corporation or the receiver or trusted 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: 3/1/06 579-0/00  SIGNATURE: 04/06 579-0/00  Description and Type District MAN DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE PROPER											