2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# P05000105094

Entity Name: ABRANTES CORPORATION

Current Principal Place of Business:

3355 CLAIRE LN
906
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

3900 OLDFIELD CROSSING DR
217
JACKSONVILLE, FL 32223 US

Current Mailing Address:

3355 CLAIRE LN
906
JACKSONVILLE, FL 32223 US

New Mailing Address:

3900 OLDFIELD CROSSING DR
217
JACKSONVILLE, FL 32223 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABRANTES, ALDENOR FILHO
Address: 3355 CLAIRE LN #906
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP ( ) Delete
Name: ABRANTES, ALBERT
Address: 3355 CLAIRE LN #906
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: DT ( ) Delete
Name: ABRANTES, ALYSSON
Address: 3355 CLAIRE LN #906
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ABRANTES, ALDENOR
Address: 3900 OLDFIELD CROSSING DR #908
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP (X) Change ( ) Addition
Name: ABRANTES, ALBERT
Address: 5697 PARKSTONE CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: DT (X) Change ( ) Addition
Name: ABRANTES, ALYSSON
Address: 3900 OLDFIELD CROSSING DR #217
City-St-Zip: JACKSONVILLE, FL 32223 US

I hereby certify that the information supplied with this filing does not qualify 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: ALDENOR ABRANTES P 05/10/2007

Electronic Signature of Signing Officer or Director Date