
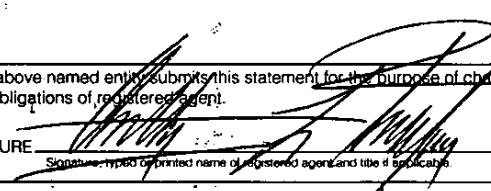
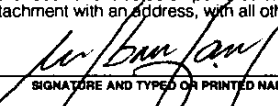


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90053 046 \*\*\*158.75

<b>DOCUMENT # P06000051236</b> 1. Entity Name <b>ABREU HOMES, INC.</b>					
Principal Place of Business <b>2151 LE JEUNE ROAD</b> <b>200</b> <b>CORAL GABLES, FL 33134 US</b>			Mailing Address <b>2151 LE JEUNE ROAD</b> <b>200</b> <b>CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7098 BONITA DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>7098 BONITA DRIVE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI BEACH, FLORIDA</b>		City & State <b>MIAMI BEACH, FLORIDA</b>		4. FEI Number <b>20-4665777</b>	
Zip <b>33141</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ABREU, JORGE L</b> <b>80 PLUMAGE LANE</b> <b>WEST PALM BEACH, FL 33415</b>			7. Name and Address of New Registered Agent Name <b>ANTHONY L. TRULLENQUE, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 71ST STREET</b> City <b>MIAMI BEACH FL</b> Zip Code <b>33141</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  <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE <b>02-07-07</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ABREU, JORGE L</b> <b>80 PLUMAGE LANE</b> <b>WEST PALM BEACH, FL 33415</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>ABREU, JORGE L.</b> <b>900 BAY DRIVE E #221</b> <b>MIAMI BEACH, FLORIDA 33141</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ABREU, JORGE L</b> <b>80 PLUMAGE LANE</b> <b>WEST PALM BEACH, FL 33415</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT DATE <b>02-07-07</b>		