FILED
Jun 15, 2007 8:00 am
Secretary of State
05-07-2007 90060 010 ***150.00

5/7

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000138619

1. Entity Name
A B C SOLUTIONS USA, INC

66019182

Principal Place of Business	Mailing Address
1875 W 56 ST HIALEAH, FL 33012	1875 W 56 ST HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1875 W 56 ST	1875 W 56 ST
Suite, Apt. #, etc. Suite #205	Suite, Apt. #, etc. Suite #205
City & State Hialeah, Fl	City & State Hialeah, Fl
Zip 33012 Country	Zip 33012 Country

04232007 Chg-P CR2E034 (12/06)

4. FEI Number 30-0389133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, ALEXIS
1875 W 56 ST
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name Vazquez, Alexis
Street Address (P.O. Box Number is Not Acceptable)
1875 W 56 ST Suite #205
City Hialeah FL Zip Code 33012

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE President NAME Vazquez, Alexis STREET ADDRESS 1875 W 56 ST Ste #205 CITY-ST-ZIP Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #