2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

ANNUAL REPURI					
DOCUMENT # P9360000183 1. Entity Name A.B. EXPRESS INC.	35			50	ecretary of St
15476 NW 77TH COURT PMB 264	Mailing Address 15476 NW 77TH COURT PMB 264 MIAMI, FL 33016 US				
DO NOT WRITE I	N THIS SPA	CE	07072006 4. FE! Numb 65-038	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
BORGES, ARMANDO 5430 NW 175 ST CAROL CITY, FL 33055 8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE	purpose of changing its register		red agent, or bo	NOT WR THIS SPA	a. I am familiar with, and accept
FILE NOWIII FEE IS \$150.00 Due by September 6, 2006 Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered agent a		~	.00 May Be	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRE IIILE PRES NAME BORGES, ARMANDO 5430 NW 175TH STREET CAROL CITY, FL 33055 TILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TILE THE THE THE THE THE THE THE T	CTORS	-		00000005 07/13/06-6 NOT WR	
NAME STREET ADDRESS			114		

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 suppliemental 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND THE OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #