

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000054788 1. Entity Name A.B. ENERGY, INC.						FILED 06 JAN 18 AM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1221 BRICKELL AVENUE 21 FL MIAMI, FL 33131				Mailing Address C/O PATRICIA JONES 1221 BRICKELL AVENUE 21 FLOOR MIAMI, FL 33131			
2. Principal Place of Business		3. Mailing Address		 01132006 Chg-P CR2E034 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 65-0442822				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPDIRECT AGENTS, INC 515 E. PARK AVE. TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$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	DPS JONES, PATRICIA 1221 BRICKELL AVENUE 21 FLOOR MIAMI, FL 331312492			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Maribel Fernandez 19 Calle, 14-60 Zona 10 Guatemala City, Guatemala		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVP DEL VALLE, MARTA 1221 BRICKELL AVENUE 21 FLOOR MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Maria Marta Beltranena 19 Calle, 14-60 Zona 10 Guatemala City, Guatemala		
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		
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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: <u>Maria Marta Beltranena</u> Maria Marta Beltranena, Director 305-789-5367 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							