

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000026924

1. Entity Name
AMERICAN BUSINESS INVESTMENTS, INC.



Principal Place of Business
3821 NE 16TH AVENUE
OAKLAND PARK, FL 33334

Mailing Address
3821 NE 16TH AVENUE
OAKLAND PARK, FL 33334

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0578094

Applied For
Not Applicable

5. Certificate of Status Desired
 **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHARKEY, JOHN E
3230 CLEVELAND STREET
HOLLYWOOD, FL 33021

Name **SHARKEY, JOHN E.**

Street Address (P.O. Box Number is Not Acceptable)

4022 Fillmore St

City **Hollywood** FL Zip Code **33021**

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

John E. Sharkey (President)

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHARKEY, JOHN E**
STREET ADDRESS **3230 CLEVELAND ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

Delete

TITLE **TS**
NAME **SHARKEY, SHIRLEY P**
STREET ADDRESS **3821 NE 16 AVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

Delete

TITLE **V**
NAME **KELLY, JEANNE S**
STREET ADDRESS **5791 NE 17 AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **SHARKEY, JOHN E**
STREET ADDRESS **4022 Fillmore St**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

Change Addition

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 exemption stated in Section 119.07(3)(i), 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: *John E. Sharkey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05 9549870535
Date Daytime Phone #