


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000059534		
1. Entity Name ABREU & ASSOCIATES, INC.		
Principal Place of Business 609 QUAIL KEEP DR SAFETY HARBOR, FL 34695	Mailing Address 609 QUAIL KEEP DR SAFETY HARBOR, FL 34695	
DO NOT WRITE IN THIS SPACE		



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3328942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABREU, ANTHONY A 609 QUAIL KEEP DRIVE SAFETY HARBOR, FL 34695
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

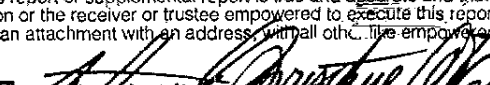
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABREU, CHRISTINE 609 QUAIL KEEP DRIVE SAFETY HARBOR, FL 34695
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02/07/07-80036-019 150.00

**DO NOT WRITE
IN THIS SPACE**

**PLEASE SIGN,
DATE & MAIL**

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 changed, or on an attachment with an address, email or other electronic communication.	SIGNATURE  CHRISTINE ABREU PRESIDENT 1/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	