


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90071 013 \*\*\*150.00

DOCUMENT # <i>P96000081473</i>	
1. Entity Name <i>A.B.C. NOTIONS &amp; TRIMMING INC</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>7250 NW 36 AVE.</i>	3. Mailing Address <i>7250 NW 36 AVE.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>MIAMI, FL.</i>	City & State <i>MIAMI, FL.</i>
Zip <i>33147</i>	Country <i>US</i>
Zip <i>33147</i>	Country <i>US</i>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <i>55-0832760</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <i>LUIS, JOSE R.</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>19430 NW 10 ST</i>			
City <i>PEMBROKE PINES</i> <b>FL</b> Zip Code <i>33029</i>			

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 *4-1-2005*

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT LUIS, JOSE R. 19430 NW 10 ST. PEMBROKE PINES, FL 33029</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY LUIS, JOSE R. 19430 NW 10 ST. PEMBROKE PINES, FL 33029</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER VAZQUEZ, LUIS J. 10631 SW 21 LANE MIAMI, FL 33165</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *[Signature]* *JOSE R. LUIS* *4-10-05* *(305) 8350206*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)