2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000089805

1. Entity Name

ACCESS BUSINESS GROUP, CORP.



FILED May 24, 2007 08:00 A Secretary of State

Principal Place of Business

10795 NW 70 STREET MIAMI, FL 33178

Mailing Address

10795 NW 70 STREET MIAMI, FL 33178



DO NOT WRITE IN THIS SPACE

05212007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 65-0787985
 Not Applicable

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

6. Name and Address of Current Registered Agent

ESPINO, JORGE L 10795 NW 70 STREET MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

IVIIAIVII, FL 33176			IN THIS SPACE		
8. The above the obligation	named entity submits this statement for thi ions of registered agent.	e purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and to	title if applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR DPS ESPINO, JORGE L 10795 NW 70 STREET MIAMI, FL 33178 DVT ESPINO, VIVIANA S 10795 NW 70 STREET MIAMI, FL 33178	ECTORS			U00000765275 05/31/07-80033-005 158.75
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS			,	_	NOT WRITE THIS SPACE

12. I hereby certify that the information supplied on 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 perofy 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

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

05-18-2007

3053350518

Daytim