
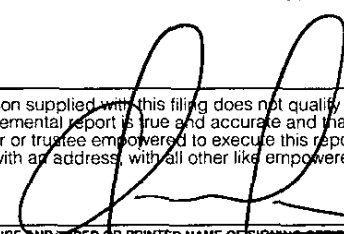


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90028 004 \*\*\*150.00

<b>DOCUMENT # P98000056910</b>			
1. Entity Name <b>ABS-CAPITAL, INC.</b>			
Principal Place of Business <b>20911 JOHNSON ST. STE 123 PEMBROKE PINES FL 33029</b>		Mailing Address <b>20911 JOHNSON ST. STE 123 PEMBROKE PINES FL 33029</b>	
2. Principal Place of Business <b>20871 Johnson St.</b>		3. Mailing Address <b>20871 Johnson St.</b>	
Suite, Apt. #, etc. <b>STE. 108</b>		Suite, Apt. #, etc. <b>STE. 108</b>	
City & State <b>Pembroke Pines, FL</b>		City & State <b>Pembroke Pines, FL</b>	
Zip <b>33029</b>	Country <b>USA</b>	Zip <b>33029</b>	Country <b>USA</b>
4. Name and Address of Current Registered Agent <b>GAYNOR, JEREMY CPA 9690 W SAMPLE ROAD SUITE 202 CORAL SPRINGS FL 33065</b>		7. Name and Address of New Registered Agent <b>Gonzalez, Herbert, P.A. 2225 North Commerce Parkway Suite 8 Weston FL 33326</b>	
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. <b>SIGNATURE: MARITZA GONZALEZ, P.A.</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLORIN ROSARIO, ALCIDES A 20911 JOHNSON STREET SUITE 123 PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bellorin Rosario, Alcidess A 20871 Johnson St. Suite 108 Pembroke Pines, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS, MARTHA SALAS 20911 JOHNSON STREET SUITE 123 PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Contreras, MARTHA SALAS 20871 Johnson St. Suite 108 Pembroke Pines, FL 33029 <input checked="" 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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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
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.			
<b>SIGNATURE:</b> 		Date <b>4/12/04</b> (954) 443-8090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

94052497



MOORE CR2E034 (11/03)