

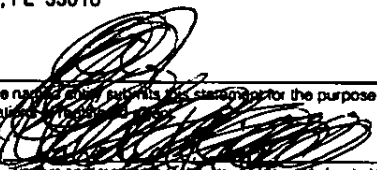
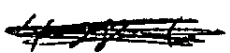
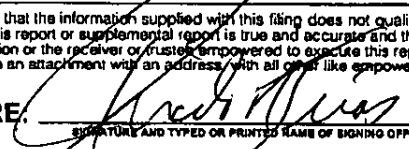


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1
FILED
Jun 16, 2006 8:00 am
Secretary of State

05-08-2006 90303 048 ***150.00

DOCUMENT # P99000052004			
1. Entity Name ABI'S TRANSPORTATION SERVICES, INC.			
Principal Place of Business 6515 W 25 LANE HIALEAH, FL 33016		Mailing Address 6515 W 25 LANE HIALEAH, FL 33016	
DO NOT WRITE IN THIS SPACE			
		 02032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0925066	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 TRIAS, RICARDO R 6515 W 25 LANE HIALEAH, FL 33016		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 obligation of the registered agent.			
SIGNATURE 		DATE 	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRIAS, RICARDO R 6515 W 25 LANE HIALEAH, FL 33016		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE 		6-12-6	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

66019452

Abi's Transportation Services, Inc.
6515 W. 25th Lane
Hialeah, Florida 33016
305-827-2007

May 2, 2006

Division of Corporation
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Annual Report
Document No. P99000052004
F.E.I No. 650925066

Gentlemen:

Enclosed please find check in the amount of \$150.00, payable to Florida Department of State. Please I never received the post card for me to download the application.

If you have any question regarding this matter please, do not hesitate to write to me on the above address.

Thank you,

Ricardo Trias

Encl: Application and check