## **2007 FOR PROFIT CORPORATION**

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P99000052004** 04-30-2007 90862 010 \*\*\*158.75 ABI'S TRANSPORTATION SERVICES, INC. Principal Place of Business Mailing Address 60045967 6515 W 25 LANE 6515 W 25 LANE HIALEAH, FL 33016 HIALEAH, FL 33016 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0925066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRIAS, RICARDO R DO NOT WRITE 6515 W 25 LANE HIALEAH, FL 33016 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TRIAS, RICARDO R NAME 6515 W 25 LANE STREET ADDRESS HIALEAH, FL 33016 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling 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 flustee empowered to execute this people 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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000052004  1. Entity Name ABI'S TRANSPORTATION SERVICES, INC.					ATTACHWENI					
Principal Place of Business  6515 W 25 LANE HIALEAH, FL 33016  Mailing Address  6515 W 25 LANE HIALEAH, FL 33016			6		60015967					
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162007	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Number 65-0925066			<del></del>	plied For t Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		3.75 Add e Require		
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name and	Address of New	Registered Age	ent		
TRIAS, RIC 6515 W 25	LANE				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, F	-1 33016			City			FL	Zip Cod	e	
FILE	ignació, mod or printed name of registéred a  NOWILL FEE IS \$150.00  y 1, 2007 Fee will be \$55	9. Election Cam	npaign Finan	+-	.00 May Be		DATE			
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND D	RECTOR	S IN 11	
NAME STREET ADDRESS	PD TRIAS, RICARDO R 6515 W 25 LANE HIALEAH, FL 33016	Delete					С	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					С	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				•	С	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
ITLE  NAME  STREET ADDRESS  SITY-ST-ZIP		☐ Delete					C	Change	Addition	
ITLE  IAME STREET ADDRESS  SITY-ST-ZIP		☐ Delete	CITY-	E ET ADDRESS - ST- ZIP				Change	☐ Addition	
12. I hereby co- indicated of of the corp changed, o	ertify that the information supplied on this report or supplemental rep- toration or the receiver or trustee d or on an attachment with an action	with this filing does not qualify out is true and accurate and the proposed to execute this rep ss, with all other like empower	or the exc lat my signat bort as requir red.	emptions contained lure shall have the red by Chapter 607	d in Chapter 119 same legal effec 7, Florida Statute	, Florida Statutes. t as if made under s; and that my nar				
SIGNATI	URE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	2		25-7	Date	305.	338/	-7 <b>6</b> 6	