

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 048 ***150.00

DOCUMENT # P99000080926

1. Entity Name
ABSOLUT LOCATIONS, INC.



Principal Place of Business
**16843 SW 19TH PL
MIAMI, FL 33157**

Mailing Address
**16843 SW 19TH PL
MIAMI, FL 33157**



2. Principal Place of Business
16843 SW 79TH PL

3. Mailing Address
16843 SW 79TH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0948156

Applied For
Not Applicable

Zip
33157

Country

Zip
33157

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARAH, CARLOS M
999 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DUFFEY-HALLEBO, RITA
16843 SW 19TH PL
MIAMI, FL 33157**

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HALLEBO, ULF
16843 SW 19TH PL
MIAMI, FL 33157**

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Rita Duffey-Hallebo 7/12/05 3059347224**

ATTACHMENT

Absolut Locations, Inc.
16843 Southwest 79th Place
Miami, Florida 33157

#999000080926
20061253

July 12, 2005

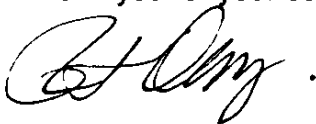
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs,

Enclosed please find 2005 Annual Report and check in the amount of \$150.00.
The filing is late because we never received the forms to our current business
address (please see correction in boxes #2 and 3).

We would appreciate if you would waive the late fees due to this clerical error.

Thank you for your consideration in this matter,



Rita Duffey Hallebo
President
Absolut Locations, Inc.