


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90097 022 ***150.00

DOCUMENT # P99000103233			
1. Entity Name ABC TRANSFER, INC.			
Principal Place of Business 850 E. TRINIDAD AVE. CLEWISTON FL 33440		Mailing Address 850 E. TRINIDAD AVE. CLEWISTON FL 33440	
2. Principal Place of Business - No P.O. Box # 307 E. AZTEC Ave		3. Mailing Address 307 E. AZTEC Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clewiston, FL		City & State Clewiston, FL	
Zip 33440	Country Hendry	Zip 33440	Country Hendry
6. Name and Address of Current Registered Agent BENTANCOR, SIRELDA 850 E. TRINIDAD AVE. CLEWISTON FL 33440		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007: Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BENTANCOR, JUAN 850 E. TRINIDAD AVE. CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 307 E AZTEC Ave. Clewiston FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS BENTANCOR, SIRELDA 850 E. TRINIDAD AVE. CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 307 E. AZTEC Ave. Clewiston FL 33440
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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
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 exemptions contained in Section 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07 (813) 983-1611