

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90025 034 \*\*\*150.00



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02112008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000141052</b> 1. Entity Name <b>ADVANCED BUILDING SPECIALTIES, INC.</b>		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business <b>401 EAST LAS OLAS BOULEVARD, STE 2000                  FORT LAUDERDLAE, FL 33301</b>		Mailing Address <b>401 EAST LAS OLAS BOULEVARD, STE 2000                  FORT LAUDERDLAE, FL 33301</b>			
2. Principal Place of Business - No P.O. Box # <b>31601 SW 217 AVE.</b>		3. Mailing Address <b>PO Box 343455</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HOMESTEAD, FL</b>		City & State <b>FLORIDA CITY, FL</b>			
Zip <b>33034</b>	Country <b>USA</b>	Zip <b>33034</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.                  2731 EXECUTIVE PARK DRIVE, SUITE 4                  WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 HERNANDEZ, RENE SR 10461 SW 66 TERRACE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECTOR VAZQUEZ 120 CONDADO ST. STE 205 SAN JUAN PR. 00907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERNANDEZ, ANTONIO SR 10461 SW 66 TERRACE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EUPD SERGIO BELMONTE CALLE 67 AVE. 3D EDIF. DOMUS MAJESTIC 15 MARACIBO, VENEZUELA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID HERNANDEZ, RENE JR 10461 SW 66 TERRACE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS. ELWOOD CASILLAS 100 CONDADO ST. SIG 205 SAN JUAN, PR 00907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD VAZQUEZ, HECTOR 120 CONDADO ST, STE 205 SAN JUAN, PR, 00907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. NEIL MALDONADO 1475 WILSON ST. STE-3-A SAN JUAN, PR 00907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALDONADO, NEIL 1475 WILSON ST, STE 3-A SAN JUAN, PR, 00907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUX. SEC. MIGUEL A. ELIAS 2301 WILSON BLVD. E KENNER, LA 70065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ALFONSO P.O. BOX 362588 SAN JUAN, PR, 00936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad

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

SIGNATURE: \_\_\_\_\_

02/12/2008