

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 532284

Entity Name: ABRALINA CORP.

FILED  
Jun 30, 2008  
Secretary of State

**Current Principal Place of Business:**

10205 COLLINS AVE #702  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10205 COLLINS AVE #702  
BAL HARBOUR, FL 33154

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COIFFMAN, SARITA  
10205 COLLINS AVE #702  
BAL HARBOUR, FL 33154    US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      PD                      ( ) Delete  
Name:                      COIFFMAN, SARITA,  
Address:                      10205 COLLINS AVE #702  
City-St-Zip:                      BAL HARBOUR, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARITA COIFFMAN

SEC

06/30/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date