

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088677

FILED
Apr 01, 2012
Secretary of State

Entity Name: ABRAHAM'S COUNSELING AND CONSULTATION, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DRIVE
SUITE 241
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

1750 SW 116 AVE.,
FT. LAUDERDALE, FL 33325

New Mailing Address:

FEI Number: 59-3778782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, KONDOOR
1750 S.W. 116TH AVENUE
DAVIE, FL 33325 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: ABRAHAM, KONDOOR
Address: 1750 SW 116 AVE.,
City-St-Zip: FT. LAUDERDALE, FL 33325

Title: VP
Name: VARGHESE, CHRISTINA A
Address: 1750 SW 116 AVE.,
City-St-Zip: DAVIE, FL 33325

Title: VP
Name: ABRAHAM, JOEL V DR.
Address: 1750 SW 116 AVE.,
City-St-Zip: DAVIE, FL 33325

Title: VP
Name: ABRAHAM, JOHN V DR.
Address: 1750 SW 116 AVE
City-St-Zip: DAVIE, FL 33325

I hereby 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 all other like empowered.

SIGNATURE: KONDOOR ABRAHAM

PRES

04/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date