

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000086250

Entity Name: ABRINEL SERVICE, INC

FILED
May 01, 2011
Secretary of State

Current Principal Place of Business:

4474 WESTON RD
151
WESTON, FL 33331

Current Mailing Address:

4474 WESTON RD
151
WESTON, FL 33331

FEI Number: 27-3701311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

4474 WESTON RD
151
WESTON, FL 33331 84

New Mailing Address:

13276 OLD BISCAYNE DR.
306
HOMESTEAD, FL 33033 84

Name and Address of Current Registered Agent:

CHONA, AMANDA
4474 WESTON RD
151
WESTON, FL 33331 US

Name and Address of New Registered Agent:

CHONA, AMANDA
13276 OLD BISCAYNE DR.
306
HOMESTEAD, FL 33033 US

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: AMANDA CHONA

05/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS.
Name: CHONA, AMANDA
Address: 13276 OLD BISCAYNE DR # 306
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MS.
Name: CHONA, AMANDA
Address: 13276 OLD BISCAYNE DR. # 306
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MS.
Name: CHONA, AMANDA
Address: 13276 OLD BISCAYNE DR. # 306
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Title: MS.
Name: CHONA, AMANDA
Address: 13276 OLD BISCAYNE DR. # 306
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MS.
Name: CHONA, AMANDA
Address: 13276 OLD BISCAYNE DR. # 306
City-St-Zip: HOMESTEAD, FL 33033 US

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: AMANDA CHONA

MS.

05/01/2011

Electronic Signature of Signing Officer or Director

Date