


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90011 016 \*\*\*150.00

**DOCUMENT # P97000095932**  
 1. Entity Name  
 F. ABAY PRODUCE, INC.



Principal Place of Business  
 715 NW 165 AVENUE  
 PEMBROKE PINES, FL 33028

Mailing Address  
 715 NW 165 AVENUE  
 PEMBROKE PINES, FL 33028

94045933

**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0797894	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 ABAY, FRANK  
 715 NW 165 AVENUE  
 PEMBROKE PINES, FL 33028

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAY, FRANK 715 NW 165 AVENUE PEMBROKE PINES, FL 33028
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Frank Abay* **2-19-04** **786586-3868**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #