

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S52069

1. Entity Name
ABRAHAM LAND, INC.



Principal Place of Business
**5536 SW 8 ST
CORAL GABLES, FL 33134**

Mailing Address
**5536 SW 8 ST
CORAL GABLES, FL 33134**



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0286013

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANDMAN, MARCOS
5536 S W 8 ST
CORAL GABLES, FL 33134**

**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 _____

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PDS LANDMAN, MARCOS 5536 SW 8 STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDMAN, ABRAHAM 5536 SW 8 STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDMAN, MICHAEL 5536 SW 8 ST CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSELBERGER, SONIA 5536 SW 8 ST CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000463861
03/21/06-60033-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael
Landman**

3/9/06

Date

**305
445-7889**

Daytime Phone #