2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P00000109850

Entity Name: ABBEYROAD MANAGEMENT, INC.

Current Principal Place of Business:

565 GONDOLIERE AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

565 GONDOLIERE AVE
CORAL GABLES, FL 33143

Current Mailing Address:

565 GONDOLIERE AVE
CORAL GABLES, FL 33134

New Mailing Address:

565 GONDOLIERE AVE
CORAL GABLES, FL 33143

FEI Number: 65-1070820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDO, AQUINO
565 GONDOLIERE AVE
CORAL GABLES, FL 33143 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: PV ( ) Delete
Name: CANO, INES
Address: 565 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: CANO, INES
Address: 565 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: ST ( ) Delete
Name: FERNANDO, AQUINO
Address: 565 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: FERNANDO, AQUINO
Address: 565 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition
Name: CANO, INES
Address: 565 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change ( ) Addition
Name: CANO, INES
Address: 565 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33143

Title: ST (X) Change ( ) Addition
Name: FERNANDO, AQUINO
Address: 565 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change ( ) Addition
Name: FERNANDO, AQUINO
Address: 565 GONDOLIERE AVE
City-St-Zip: CORAL GABLES, FL 33143

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: FERNANDO AQUINO D 04/17/2009

Electronic Signature of Signing Officer or Director — Date