


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90065 018 \*\*\*150.00

**DOCUMENT # 282848**  
 1. Entity Name  
**ABELEINA PROPERTIES INC**



Principal Place of Business Mailing Address  
 C/O ROBERT A GEORGE, M D C/O ROBERT A GEORGE, M D  
 55 N E FT ROYAL ISLE 55 N E FT ROYAL ISLE  
 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308

66402715

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-1108758** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GEORGE, ROBERT A**  
**55 N E FORT ROYAL ISLE**  
**FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **GEORGE, ROBERT A MD**  
 STREET ADDRESS **55 NE FT ROYAL ISLE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33308** **TREASURER**

Change  Addition  
 NAME **GEORGE, Rita**  
 STREET ADDRESS **Ridgepointe Woods**  
**9 Ridge Pointe Drive, #D**  
**Boynton Beach, Fla. 33435**  Change  Addition

TITLE  Delete  
 NAME **SD WELCH, LYDIA**  
 STREET ADDRESS **8147 BRIDGEWATER COURT**  
 CITY-ST-ZIP **LAKE CLARK SHORES FL 33406** **SECRETARY**

TITLE  Change  Addition  
 NAME **GEORGE, Mildred**  
 STREET ADDRESS **86 MacFarlane Drive**  
 CITY-ST-ZIP **Delray Beach, Fla. 33483**

TITLE  Delete  
 NAME **D GEORGE, RICHARD E**  
 STREET ADDRESS **2209 E PINERIDGE CT**  
 CITY-ST-ZIP **DELRAY BCH FL 33308** **PRESIDENT**

Change  Addition  
 NAME **GEORGE, Alice**  
 STREET ADDRESS **21 N.W. 9th Street**  
 CITY-ST-ZIP **Delray Beach, Fla. 33444**

TITLE  Delete  
 NAME **D DAVID, KATHERINE** **VICE PRESIDENT**  
 STREET ADDRESS **426 NE TILAVENUE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33482** **679 W. Clearbrook Circle**

Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Robert A. George*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04 954-563-8952  
 Date Daytona Phone #