

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90006 024 \*\*\*150.00

**66003039**



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # 282848</b>					
1. Entry Name <b>ABELEINA PROPERTIES INC</b>					
Principal Place of Business C/O ROBERT A GEORGE, M D 55 N E FT ROYAL ISLE FT LAUDERDALE FL 33308			Mailing Address C/O ROBERT A GEORGE, M D 55 N E FT ROYAL ISLE FT LAUDERDALE FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1108758</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GEORGE, ROBERT A 55 N E FORT ROYAL ISLE FT. LAUDERDALE FL 33308</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GEORGE, ROBERT A MD		NAME	GEORGE, Rita	
STREET ADDRESS	55 NE FT ROYAL ISLE		STREET ADDRESS	Ridgepointe Woods	DIRECTOR
CITY-ST-ZIP	FT LAUDERDALE FL 33308	TREASURER	CITY-ST-ZIP	9 Ridge Pointe Drive, #D-Boynon Beach	FL 33435
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WELCH, LYDIA		NAME	GEORGE, Mildred	
STREET ADDRESS	8147 BRIDGEWATER COURT		STREET ADDRESS	86 MacFarlane Drive	DIRECTOR
CITY-ST-ZIP	LAKE CLARK SHORES FL 33406	SECRETARY	CITY-ST-ZIP	Delray Beach, Fla. 33483	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GEORGE, RICHARD E		NAME	GEORGE, Alice	
STREET ADDRESS	2209 E PINERIDGE CT		STREET ADDRESS	21 N.W. 9th Street	DIRECTOR
CITY-ST-ZIP	DELRAY BCH FL 33308	PRESIDENT	CITY-ST-ZIP	Delray Beach, Fla. 33444	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVID, KATHERINE	DIRECTOR	NAME		
STREET ADDRESS	679 W. Clearbrook		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Robert A. George</i>			1/20/05 (954) 563-8952		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT A. GEORGE, M.D. - Treasurer			Date Daytime Phone #		