

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90040 010 \*\*\*150.00

**DOCUMENT # 282848**

1. Entity Name

ABELEINA PROPERTIES INC



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1108758**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 2007 Fee Will Be \$550.00**  
**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

TITLE: **D** ☐ Delete  
NAME: **GEORGE, ALICE**  
STREET ADDRESS: **21 NW 9TH STREET**  
CITY ST ZIP: **DELRAY BEACH FL 33444** **DIRECTOR**

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

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

TITLE: **D** ☐ Delete  
NAME: **DAVID, KATHERINE**  
STREET ADDRESS: **679 W CLEARBROOK**  
CITY ST ZIP: **DELRAY BEACH FL 33445-4514** **DIRECTOR**

TITLE: **D** ☐ Delete  
NAME: **GEORGE, RITA**  
STREET ADDRESS: **RIDGEPOINT WOODS, 9 RIDGE POINT DRIVE # D**  
CITY ST ZIP: **BOYNTON BEACH FL 33435** **DIRECTOR**

TITLE: **D** ☐ Delete  
NAME: **GEORGE, MILDRED**  
STREET ADDRESS: **86 MACFARLANE DRIVE**  
CITY ST ZIP: **DELRAY BEACH FL 33483** **DIRECTOR**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☒ Addition  
NAME: **GEORGE, Robert A MD**  
STREET ADDRESS: **55 NE FORT ROYAL ISLE**  
CITY ST ZIP: **FT. LAUDERDALE FL 33308** **TREASURER**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

1/21/07

(954) 563-8952

Date

Daytime Phone #