

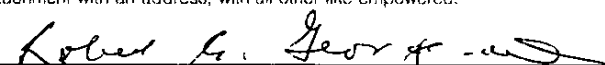


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90020 038 \*\*\*150.00

<b>DOCUMENT # 282848</b> 1. Entity Name <b>ABELEINA PROPERTIES INC</b>					
Principal Place of Business <b>C/O ROBERT A GEORGE, M D 55 N E FT ROYAL ISLE FT LAUDERDALE FL 33308</b>			Mailing Address <b>C/O ROBERT A GEORGE, M D 55 N E FT ROYAL ISLE FT LAUDERDALE FL 33308</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1108758</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>GEORGE, ROBERT A 55 N E FORT ROYAL ISLE FT. LAUDERDALE FL 33308</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 signed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>D</b> <b>GEORGE, ALICE</b> <input checked="" type="checkbox"/> Delete <b>21 NW 9TH STREET</b> <b>DELRAY BEACH FL 33444</b>	TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert A. George, M.D.</b> <b>55 N.E. Fort Royal Isle</b> <b>Fort Lauderdale, FL 33308</b>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete <b>WELCH, LYDIA</b> <b>8147 BRIDGEWATER COURT</b> <b>LAKE CLARK SHORES FL 33406</b>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>GEORGE, RICHARD E</b> <b>2209 E PINERIDGE CT</b> <b>DELRAY BCH FL 33308</b>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>DAVID, KATHERINE</b> <b>679 W CLEARBROOK</b> <b>DELRAY BEACH FL 33445-4514</b>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>GEORGE, RITA</b> <b>RIDGEPOINT WOODS, 9 RIDGE POINT DRIVE # D</b> <b>BOYNTON BEACH FL 33435</b>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>GEORGE, MILDRED</b> <b>86 MACFARLANE DRIVE</b> <b>DELRAY BEACH FL 33483</b>	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. 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.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/1/08      (954) 563-8952 Date      Daytime Phone #		