## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 282848** 

Entity Name: ABELEINA PROPERTIES INC

FILED Jan 30, 2009 Secretary of State

| -  |   |   |  |  |   |  |
|--|---|---|--|--|---|--|
| Current Principal Place of Business:   |   |   | New Pri                                    | New Principal Place of Business:   |   |  |
| 55 N E FT F  | RT A GEORGE<br>ROYAL ISLE<br>RDALE, FL 33               |   |  |  |   |  |
| Current Mailing Address:   |   |   | New Ma                                     | New Mailing Address:   |   |  |
| 55 N E FT F  | RT A GEORGE<br>ROYAL ISLE<br>RDALE, FL 33               |   |  |  |   |  |
| FEI Number:  | 59-1108758  | FEI Number Applied For ( )                              | FEI Number Not A                           | Applicable ( ) Certificate of Status Desired (                                 | ) |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered   |   |   |  |  |   |  |
| GEORGE, ROBERT A<br>55 N E FORT ROYAL ISLE<br>FT. LAUDERDALE, FL 33308 US  |   |   | 55 N E F                                   | GEORGE, ROBERT A M.D.<br>55 N E FORT ROYAL ISLE<br>FT. LAUDERDALE, FL 33308 US |   |  |
| 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. |   |   |  |  |   |  |
| SIGNATUR   |   | A. GEORGE, M.D.   |  | 01/30/2009   |   |  |
|  | Electroni   | c Signature of Registered Agent                         |  | Date   |   |  |
| Election Cam   | paign Financing   | Trust Fund Contribution ( ).                            |  |  |   |  |
| OFFICERS AND DIRECTORS:  |   |   | ADDITIO                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                                   |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | T ()<br>GEORGE, ROBE<br>55 N.E. FORTY<br>FORT LAUDERE   | ROYAL ISLE  | Title:<br>Name:<br>Address:<br>City-St-Zip | ()Change()Addition<br>p:   |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | WELCH, LYDIA<br>8147 BRIDGEW                            | Delete<br>ATER COURT<br>HORES, FL 33406                 | Title:<br>Name:<br>Address:<br>City-St-Zip | ()Change ()Addition<br>p:  |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | P ()<br>GEORGE, RICH<br>2209 E PINERID<br>DELRAY BCH, F | GE CT   | Title:<br>Name:<br>Address:<br>City-St-Zip |  |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DAVID, KATHER<br>679 W CLEARBI                          |   | Title:<br>Name:<br>Address:<br>City-St-Zip | ()Change ()Addition<br>p:  |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | GEORGE, RITA  | Delete<br>OODS, 9 RIDGE POINT DRIVE # D<br>CH, FL 33435 | Title:<br>Name:<br>Address:<br>City-St-Zip | ()Change ()Addition<br>p:  |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D ()<br>GEORGE, MILD<br>86 MACFARLAN<br>DELRAY BEACH    | E DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip | ()Change ()Addition<br>p:  |   |  |

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: ROBERT A. GEORGE, M.D. T 01/30/2009