

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90074 009 \*\*\*150.00

**DOCUMENT # 289010**

1. Entity Name  
**ABBA INC**



Principal Place of Business  
 1920 S. OCEAN DR  
 1211  
 FORT LAUDERDALE FL 33316  
 US

Mailing Address  
 C/O C. SCUDDER, PRES.  
 P.O. BOX 350035  
 FT. LAUDERDALE FL 33335-0035



2. Principal Place of Business - No P.O. Box #  
**1819 S.E. 17th Street**

Suite, Apt. #, etc.  
**Apt # 605**

City & State  
**Fort Lauderdale, FL**

Zip  
**33316**

Country  
**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-1154701** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**SCUDDER, C A**  
**1920 S. OCEAN DR APT 1211**  
**FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name  
**C.A. Scudder-Hirsch**

Street Address (P.O. Box Number is Not Acceptable)  
**1819 S.E. 17th Street, Apt #605**

City **Fort Lauderdale** FL Zip Code **33316**

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 *Carol A Scudder-Hirsch* **22 Jan 2007**

Signature, typed or printed name of registered agent and title, if applicable. (NOT) Registered Agent's signature required when registering.

**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 **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SCUDDER, CAROL A 1920 S OCEAN DR #1211 FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V SCUDDER, CAROLYN K 1920 S. OCEAN DR #1211 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STV HIRSCH, MARC I 1920 S OCEAN DR # 1211 FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Pres Carol A. Scudder-Hirsch 1819 SE. 17th St., Apt #605 Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V.P. Carolyn K. Scudder 1819 SE 17th St, Apt #605 Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STV Marc I Hirsch 1819 SE. 17th St, Apt #605 Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol A Scudder-Hirsch, Pres* **22 JAN 2007** (954) 522-1222/4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #