2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							FILED				
DOCUMENT # 382733  1. Entity Name ABNA, INC.					Feb 23, 2004 08:00 AN Secretary of State					AM te	
Principal Plac	ce of Business				-						
4575 NAUT P.O. BOX 2	ILUS CT		Mailing Address 4575 NAUTILUS CT P.O. BOX 2424 MIAMI BEACH FL 33140			-	A RANGONO NICERA RANGO NO CONTRACTO	<b>.</b> 7111 <b>.</b> 1811 <b>.</b> 1814   1	NINIT NINIT NINIT N	INIINNI EE HERE	
2. Principal F	Place of Busine	ess	3. Mailing Address			-					
Suite, Apt.	. #, etc.	· -	Suite, Apt. #, etc.				MOORE	CR2E034	(11/03)	-1	
City & State			City & State			4. FEI	Number 59-1353760	)	···	oplied For lot Applicable	
Zıp		Country	Zip Country		5. Cert	tificate of Status Desired		\$8.75 Ad Fee Require			
	6. Name	and Address of Current F		Name	7. Nan	ne and Address of New R	egistered /	Agent			
457	SENFELD, 5 NAUTIL MI BEACH	ALBERT US CT I FL 33140	Street Add		Street Address	(P O. Box	Number is Not Acceptable	1)			
					0				<del></del>		
8. The above	named entity	submits this statement for	the purpose of changing its	register	City	ared agent	or both in the State of Ele	FL	Zip Coo		
the obligation	tions of registe	ered agent.	are purpose of crianging as	registeri	es office of Tegrate	ered agent,	, or boars, in the State of Mc	ilua. Lan	dimia win	, and accept	
SIGNATURE	Signature, typed o	or printed name of registered agent ar	nd tille if applicable (NOTE	. Registere	d Agent signature require	ad when reinsta	sting)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fin Trust Fund Contribution		<b>\$5.0</b> Adde	00 May Be	
10.		OFFICERS AND C		11.		ADDIT	IONS/CHANGES TO OFF	CERS AND	DIRECTOR	ISIN (1	
TITLE NAME	PD Delete TROSENFELD, ALBERT N								Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4575 NAUTILUS CT.				ET ADDRESS -ST-ZIP		UQ000001 02/23/04-8i	31.080 3065-0∣	04 750.	00	
TITLE NAME	VS ROSENFELD, NORMA		☐ Delete	Delete TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1			STRE	ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete	TITLE					Change	Addition	
CITY - ST - ZIP					-ST-ZIP					slake akeess	
TITLE NAME			Delete	TITLE					Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					_	
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TITLE NAME			☐ Delete	TITLE	í				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STRE CITY	et address - 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:    Date   Daytime Fhore #											
SIGNAT	UBE.	albert R	omfeld	<i>!</i> !	res.	02	-20-04	У	5052	3 ه	
J.W.177.1	<b>→</b>	SIGNAUSE AND THE ON PR	RTEU HAVE ON SIGNAL DEPARE	OR DANKET	<del>(2)</del>		Date		aytime Fhone #		