2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 438527						Mar 19, 2004 08:00 AM Secretary of State	
1. Entity Name AUTOMATED BUSINESS MACHINES, INC.							
Principal Place of Business Mailing Address							4
6073 NW 167 STREET SUITE C-24 MIAMI FL 33015			6073 SUITE MIAM	6073 NW 167 STREET SUITE C-24 MIAMI FL 33015			
US			US ————				
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc. City & State			MOORE CR2E034 (11/03) 4. FEI Number Apolied For
City & State			City	City & State			4. FEI Number 59-1494132 Applied For Not Applicable
Zιp	Zip Country		Zıp	Zip Coun		try	Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name	and Address of Curre	nt Registere	d Agent			7. Name and Address of New Registered Agent
8.4.6.1	NITHER AR	ANI				Name	
MANDEL, ALAN 6073 NW 167 STREET SUITE C-24						Street Address	(P.O. Box Number is Not Acceptable)
MIAMI FL 33015							
					_	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							
	B E NOW!	!! FEE IS \$150.00			· 		
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		OFFICERS AN	ID DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
FITLE	PD			☐ Delete	TITLE		☐ Change ☐ Additio
NAME STREET ADDRESS	MANDEL,		-24		NAMI	E ET ADDRESS	
STREET ADDRESS 6073 NW 167 STREET, SUITE C-2 OITY-ST-ZIP MAIM! FL 33015			-24		2	-51-ZIP	
गाध	VSTD		· · _	☐ Delete	TITLE	-	☐ Change ☐ Additio
NAME	SINGER, B	ARRY	•		NAMI		1100000032806
STREET ADDRESS 6073 NW 167 STREET, SUITE C-24 CITY-ST-ZIP MIAMI FL 93015			-24	<u> </u>		en address -st-zip	00000092806 03/19/04-80023-020 150.00
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CITY - ST - ZIP					CRY	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.							
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SIGNAT	URE: _	all 1	unde	<u> </u>		<u></u>	3/17/04 (305/1000 0000

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