

**ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90025 050 \*\*\*150.00

**DOCUMENT** ~~XXXXXX~~ **668647**

1. Entity Name

~~SEVEN ENGINEERING, INC.~~**ABS ENGINEERING, INC.**

Principal Place of Business

711 NORTH STATE ROAD 7  
MARGATE FL 33063-4566

Mailing Address

711 NORTH STATE ROAD 7  
MARGATE FL 33063-4566**(TEMPORARY ADDRESS)**

2. Principal Place of Business

**1709 BANKS ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**5260 WHISPER DR.**

Suite, Apt. #, etc.



MOORE CB2E004 (11/03)

City &amp; State

**MARGATE, FLORIDA**

City &amp; State

**CORAL SPRINGS, FL.**

4. FEI Number

**59-2006092**

Applied For

Not Applicable

Zip

**33063**

Country

**U.S.A**

Zip

**33067**

Country

**U.S.A**5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAH, ASHWIN R.**~~SEVEN ENGINEERING, INC.~~~~711 NORTH STATE ROAD 7~~**MARGATE FL 33063****ABS ENGINEERING, INC.****1709 BANKS ROAD****MARGATE, FL 33063**

Name

**ASHWIN R. SHAH**

Street Address (P.O. Box Number is Not Acceptable)

**5260 WHISPER DRIVE****CORAL SPRINGS****FL**

Zip Code

**33067**

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 reappointing)

DATE

**4-18-04****FILE NOW!!! FEE IS \$150.00****After May 1, 2004 Fee will be \$350.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS                                    | CITY-ST-ZIP  | <input type="checkbox"/> Delete |
|-------|-----------------|---|--|---------------------------------|
| PDT   | SHAH, ASHWIN R. | <del>6291 NW 1ST ST</del> <b>5260 WHISPER DR.</b> | <del>MARGATE</del> <b>CORAL SPRINGS, FL. 33067</b> | <input type="checkbox"/>        |

| TITLE | NAME           | STREET ADDRESS  | CITY-ST-ZIP  | <input type="checkbox"/> Delete |
|-------|----------------|---|--|---------------------------------|
| VDS   | PAREKH, CHITRA | <del>6291 NW 1ST STREET</del> <b>5260 WHISPER DR.</b> | <del>MARGATE FL 33063</del> <b>CORAL SPRINGS FL. 33067</b> | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-04**

Date

Daytime Phone #

**954-979-8376**

Attachments- 668647 54038101

# State of Florida



## Department of State

I certify from the records of this office that ABS ENGINEERING, INC. is a corporation organized under the laws of the State of Florida, filed on May 1, 1980.

The document number of this corporation is 668647.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1993, that its most recent annual report was filed on March 19, 1993, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Twenty-third day of March, 1993



CR2EO22 (2-91)

*Jim Smith*

Jim Smith  
Secretary of State