2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2007 8:00 am Secretary of State

DOCUMENT # 668647 1. Entity Name ABS ENGINEERING, INC.					03-07-200′	7 90009 010 ***1:	50.00
Principal Plac 5260 WHISP CORAL SPRIN		Mailing Address 5260 WHISPER DR. CORAL SPRINGS, FL 33067		4 V			
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numb 59-200			oplied For ot Applicable
Zip			Country	5. Certificate	of Status Desired	See Require	
	6. Name and Address of Current	7. Name and	Address of New I	Registered Agent			
SHAH, AS 5260 WHIS CORAL SF		CHITP ddress (P.O. Box Numb 2760 W		REKH R DRIVE	5		
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. Fam familiar with, and accomplished agent.							
SIGNATURE CAUCH TRA LANCKH 3/4/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OF							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND		11.	T	/CHANGES TO OF	FICERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAREKH, CHITRA 5260 WHISPER DR. CORAL SPRINGS, FL 33067	Desets	NAME STREET ADDRESS CITY-ST-ZIP	PDT PARE 5260	KH CI	HITRA Change HITRA DRIV MGJ, FL	□ Addition : '6 3'3 667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAH, ASHWIN 5260 WHISPER DR. CORAL SPRINGS, FL 33067	Dokate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAHU 5260 W	1	DIZIVE	□ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information							

12. Thereby certify that the information supplied with this fulling does not qualify for the exemptions contained in Chapter 119, Honda Statutes. I further certify that the information indicated on this report is report is rive 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: Childa Parella

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PAREKH !

(954) 821 - 861

Daytime Phone I