


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


DOCUMENT # F01000004830 1. Entity Name ABC CAPITAL CORP.	
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Principal Place of Business 3695 S RAINBOW BLVD SUITE # 107-540 LAS VEGAS, NV 89103	Mailing Address 1313 GRAY STREET TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606
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FILED
08 APR -4 PM 2:31
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 88-0445227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	600122544416 04/08/08--01011--012 **427.50
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COHEN, ANDREW 1313 GRAY STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HULTON, PAUL 1313 GRAY ST TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: 	3-23-08	813-220-0808
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>