

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004830

Entity Name: ABC CAPITAL CORP.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

3695 S RAINBOW BLVD
SUITE # 107-540
LAS VEGAS, NV 89103

New Principal Place of Business:

Current Mailing Address:

1313 GRAY STREET
TAMPA, FL 33606

New Mailing Address:

FEI Number: 88-0445227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, GARY
1313 GRAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, GARY
Address: 1313 GRAY STREET
City-St-Zip: TAMPA, FL 33606

Title: S () Delete
Name: COHEN, ANDREW
Address: 1313 GRAY STREET
City-St-Zip: TAMPA, FL 33606

Title: VP () Delete
Name: HULTON, PAUL
Address: 1313 GRAY ST
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY COHEN

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date