2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000006916

1. Entity Name
ABISINIA ENTERPRISES INC.

Principal Place of Business	Mailing Address
1308 DELAWARE AVENUE WILMINGTON, DE 19806	1308 DELAWARE AVENUE WILMINGTON, DE 19806

DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2541444
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET STE 200
MIAMI BEACH, FL 33139

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, JUAN CARLOS
STREET ADDRESS	1308 DELAWARE AVENUE
CITY-ST-ZIP	WILMINGTON, DE 19806
TITLE	VP
NAME	GONZALEZ MARTIN, AVELINO
STREET ADDRESS	1308 DELAWARE AVENUE
CITY-ST-ZIP	WILMINGTON, DE 19806
TITLE	S
NAME	RAMOS, ANGEL
STREET ADDRESS	1308 DELAWARE AVENUE
CITY-ST-ZIP	WILMINGTON, DE 19806
TITLE	T
NAME	AGUERO, TONY
STREET ADDRESS	1308 DELAWARE AVENUE
CITY-ST-ZIP	WILMINGTON, DE 19806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/28/08-80010-002 150.00

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12. I hereby certify that the information supplied with this filing meets the requirements 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: _____ 4/29/08 305-442-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #