


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90344 041 \*\*\*150.00

**DOCUMENT # H23806**  
1. Entity Name  
**AABACO INDUSTRIES, INC.**



Principal Place of Business <b>1500 W. CYPRESS CREEK ROAD SUITE 505 FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>1500 W. CYPRESS CREEK ROAD SUITE 505 FORT LAUDERDALE, FL 33309</b>
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**34073310**



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2453157</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MATHEO, STEVEN  
10730 NW 4TH STREET  
PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	VSD LUBIN, JOEL 7724 HIGHLANDS CIRCLE MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MATHEO, STEVEN 10730 NW 4TH STREET PLANTATION, FL
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**DO NOT WRITE IN THIS SPACE**

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:** *Steven H. Matheo* **STEVEN H. MATHEO** **4/27/04** **954-776-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #