2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K75482

1. Entity Name
ABDF, INC.

Principal Place of Business

10131 NORTHWEST 53 STREET
SUNRISE, FL 33351   US

Mailing Address

8237 WEST 54 AVENUE
ARVADA, CO 80002   US

01092006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2940171

Applied For
Not Applicab'

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

6. Name and Address of Current Registered Agent

KASPAR, JOHN A
3880 SHERIDAN ST
HOLLYWOOD, FL 33021

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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000385503
01/18/06-80018-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REUTER, RENEE
STREET ADDRESS	8237 W 54 AVE
CITY-ST-ZIP	ARVADA, CO 80002

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1-9-06

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