2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60391

Entity Name: SHAGEN ABOVYAN, INC

FILED Jan 04, 2005 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
50 NE 26T POMPANO	H AVE D BEACH, FL	33062	50 NE 26TH AVE SUITE 305 POMPANO BEACH, F	L 33062	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
50 NE 26T POMPANO	H AVE D BEACH, FL	33062	50 NE 26TH AVE SUITE 305 POMPANO BEACH, F	L 33062	
FEI Number:	: 65-0176349	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2811 NE 1	, SHAGEN 2TH ST. D BEACH, FL	33062 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD (ABOVYAN, SH. 1290 SE 6TH 1 POMPANO BE	ER	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD (ABOVYAN, MA 1290 SE 6TH 1 POMPANO BE	ER	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAGEN ABOVYAN PSD 01/04/2005