2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M91275

Entity Name: ABALCORP.

Name:

Address:

City-St-Zip:

LEVY, ILAN

3030 MARCOS DR T514

AVENTURA, FL 33160

FILED Feb 20, 2007 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
	LLOW CAB V 27TH AVE 33142 US				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
3030 MARG T-514 AVENTUR	COS DR A, FL 33160	US			
FEI Number:	,	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			nt	Date	
Election Carr	paign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () LEVY, SARAH, 3030 MARCOS AVENTURA, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () LEVY, SHALON 3030 MARCOS AVENTURA, FL	DR T514	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	VP ()	Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SARAH LEVY P 02/20/2007