

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002531

FILED
Apr 28, 2005
Secretary of State

Entity Name: ABC THRIFT, INC.

Current Principal Place of Business:

222 N. FEDERAL HWY.
DANIA BEACH, FL 33004

New Principal Place of Business:

Current Mailing Address:

222 N. FEDERAL HWY.
DANIA BEACH, FL 33004

New Mailing Address:

FEI Number: 01-0631979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE COSTA, VIVIANNE
600 NE 2ND ST, APT 306
DANIA BEACH, FL 33004 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE COSTA, VIVIANNE
Address: 600 NE 2ND ST #306
City-St-Zip: DANIA BEACH, FL 33004

Title: VD () Delete
Name: STAFFORD, ANNE M
Address: 4730 SW 29TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD () Delete
Name: TRINKES, LINDA
Address: 424 SE 3RD PL
City-St-Zip: DANIA BEACH, FL 33004

Title: TD () Delete
Name: PERLMUTTER, STANLEY
Address: 600 NE 2ND ST, #306
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: SHEEHAN, PATRICIA
Address: 1445 ATLANTIC SHORES BLVD
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIANNE DECOSTA

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date