



**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003211</b> 1. Entity Name THE ABIG FOUNDATION, INC.				Mar 03, 2005 08:00 AM <b>Secretary of State</b>	
Principal Place of Business 11222 QUAIL ROOST DR MIAMI, FL 33157		Mailing Address 11222 QUAIL ROOST DR MIAMI, FL 33157			
<b>DO NOT WRITE IN THIS SPACE</b>				02222005 No Chg-NP CR2E037 (10/03)	
				4. FEI Number 65-0771136	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEGGEN, ARTHUR W 11222 QUAIL ROOST DR MIAMI, FL 33157				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		PD LANDON, R. KIRK 11222 QUAIL ROOST DR MIAMI, FL 33157			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DS HEGGEN, ARTHUR W 11222 QUAIL ROOST DR MIAMI, FL 33157			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		T CASTELO, ENRIQUE L 11222 QUAIL ROOST DRIVE MIAMI, FL 33157			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DV BURBRIDGE, DEBBIE 11222 QUAIL ROOST DR. MIAMI, FL 33157			
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.				L000000250044 03/03/05-80029-001 61.25	
SIGNATURE: <i>Arthur W. HEGGEN</i> - Secretary				Date 2/23/05 305-252-69	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	