


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90285 049 \*\*\*150.00

<b>DOCUMENT # P00000013171</b>			
1. Entity Name <b>ABLY PRODUCTS &amp; SERVICE, INC.</b>			
Principal Place of Business <b>1747 RUDMAN STREET, #110 HOLLYWOOD, FL 33020</b>		Mailing Address <b>1747 RUDMAN STREET, #110 HOLLYWOOD, FL 33020</b>	
2. Principal Place of Business <b>3150 W. HALLANDALE BEACH BLVD.</b>		3. Mailing Address <b>7210 RED ROAD 207-B</b>	
City & State <b>HOLLYWOOD FL</b>		City & State <b>S. MIAMI FL</b>	
Zip <b>33023</b>		Country <b>USA</b>	
4. FEI Number <b>65-0996844</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PICHE, ROBERT 1747 RUDMAN STREET, #110 HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent <b>3150 W. HALLANDALE BEACH BLVD HOLLYWOOD FL 33023</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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICHE, ROBERT 1747 RUDMAN STREET #110 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3150 W. HALLANDALE BEACH BLVD HOLLYWOOD FL 33023</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Robert Piche</b>		ROBERT PICHE 4/15/04 305-667-5495	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	