


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000001393
1. Entity Name
ABB International, Inc.



FILED
04 NOV 29 PM 2: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000043220040
12/06/04--01068--010 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1059 Collins Ave
Suite, Apt. #, etc.
Ste 102
City & State
Miami Beach, fl
Zip
33139 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3690037 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Benjelloun, Adil
Street Address (P.O. Box Number is Not Acceptable)
1059 Collins Ave
Ste 102
City
Miami Beach FL Zip Code
33139

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: _____ DATE: _____

January 1, May 1 Fee is \$100.00
After May 1, Fee is \$500.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Benjelloun, Adil 1059 Collins Ave Ste 102 Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 907, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **ABB INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.



ADEL BENJELLOUN
PRESIDENT