

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


FILED

07 JAN 23 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

112

DOCUMENT # P01000001393
1. Entity Name
ABB INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

600086470796
01/30/07--01004--021 **450.00

REINSTATEMENT

2. Principal Place of Business
1059 COLLINS AVE
Suite, Apt. #, etc.
SUITE 102
City & State
MIAMI BEACH FL
Zip
33139 Country
USA

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

4. FEI Number
593690037

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
ADIL BENJELLOUN
Street Address (P.O. Box Number is Not Acceptable)
1059 COLLINS AVE SUITE 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: *[Signature]* DATE: _____

January 1, 2007 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ADIL BENJELLOUN 1059 COLLINS AVE SUITE 102 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

K. Eckel JAN 23 2007

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 reports 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 on an attachment with an address, with all other like empowers.

SIGNATURE: *[Signature]* DATE: _____

CIR2E034B (12/02)

2/2

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 \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2007 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.



ADIL BENJELLOUN
PRESIDENT