


**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90072 049 \*\*\*150.00  
 08-15-2003 90084 033 \*\*\*400.00

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

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1059 COLLINS AVE**  
 Suite, Apt. #, etc.  
**STE 102**  
 City & State  
**MIAMI BEACH, FLORIDA**

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
**33139**

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.

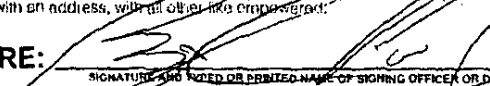
SIGNATURE  DATE **07/21/03**

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$350.00  
 Amended UBR is \$81.25  
 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	<b>PRESIDENT BENJELLOUN, ADIL 1059 COLLINS AVE/STE 102 MIAMI BEACH, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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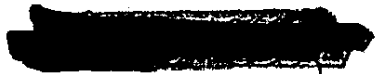
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 on an attachment with an address, with all other like empowers.

SIGNATURE:  DATE **07/21/03**

CR2EC04B (12/02)

Attachment #


FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)



80138868

DOCUMENT # P01000001393

1. Entity Name  
**ABB INTERNATIONAL, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1059 COLLINS AVE**  
Suite, Apt. #, etc.  
**STE 102**  
City & State  
**MIAMI BEACH, FLORIDA**  
Zip  
**33139** Country

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

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4. FEI Number  
**59-3690037**

Applied For  
 Not Applicable

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


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** State  
**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 **07/21/03**

Signature of Registered Agent required when filing. (NOTE: Registered Agent signature required when reinstating.)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$300.00  
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	<b>PRESIDENT BENJELLOUN, ADIL 1059 COLLINS AVE/STE 102 MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other, if so empowered.

SIGNATURE:  DATE **07/21/03**

SIGNATURE AND FEES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)