2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

ANNUAL REPURI					S	Secretary of Sta
DOCUMENT # P01000002090					ν.	occicially of Sta
1. Entity Name A.B.K. ENTERPRISES, INC.						
Principal Plac	on of Rusiness	Mailian Address				
Principal Place of Business Mailing Address 6520 RIDGE RD 6520 RIDGE RD						
PORT RICHEY, FL 34668 PORT RICHEY, FL 34668						
				1 (8%)(8%) 1	H OWANI ARDAI MWALI WALAC ORALI	
		The state of the s				
	The large of the second of the			01292008	No Chg-P	CR2E034 (11/05)
1 1 1 1 E	O NOT WRITE	IN THIS SPA	CE 🔣			Applied For
		ar marife in the first of the first of	₹ 	4. FEI Numb 59-369		Not Applicable
· · · · · · · · · · · · · · · · · · ·	A Committee of the second of t			5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	istered Agent	79	10 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	90.00	,
SCHALLES, LARRY CPA			indication (DO	NOT W	RITE
5320 MAIN ST. NEW PORT RICHEY, FL 34652						
11277 STOT TO 121,7 E 04002				5 IN	THIS SP	ACE
				militaria de Maria de Caralles de Cara Caralles de Caralles de Ca		
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.						
SIGNATURESignature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature (equired when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	00000 04/07/08	0865668 -80037-025 150.00
10.	OFFICERS AND DIF	ECTORS	N 11 21	er branch	10 22	
TITLE	Р		1 1 11 1			
NAME STREET ADDRESS	KOLOKITHAS, ALEX 6520 RIDGE RD.		4.1.			
CITY-ST-ZIP	PORT RICHEY, FL 34668		· Remi			
TITLE	S					
NAME STREET ADDRESS	KOLOKITHAS, BILL 6520 RIDGE RD.					3
CITY-ST-ZIP	PORT RICHEY, FL 34668			and the second		70.
TITLE						
NAME STREET ADDRESS			13.00	San Taylor San	e tradition of the second of t	
CITY-ST-ZIP				DO.	NOT W	RITE
TITLE				35.5	THIS SP	
NAME CIRCLI MADRICE					THU OF	70 <u>F</u>
STREET AUDRESS CITY-ST-ZIP			. The f			· · · · · ·
TITLE			. i	A Commence of the Commence of		
NAME STREET ADDRESS			James 1			
CITY-ST-ZIP		,				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

NAME
SIREET ADDRESS
CITY-ST-ZIP

٠,

MENGUANO SOLORI SIGNIGIO GESCER OF DESCOOR

3/17/08

727 849-2789