2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000034797

1. Entity Name
ABERSTEIN CORP.

Principal Place of Business	Mailing Address
4191 PINE ISLAND ROAD SUNRISE, FL 33351	4191 PINE ISLAND ROAD SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

03162008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1098110	Not Applicable

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

6. Name and Address of Current Registered Agent

BOWLING-BERNSTEIN, KARIN
3730 NW 88TH AVENUE
249
SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000903313 04/30/08-80041-006 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	VPD	
NAME	ABERNATHY, JESSE	
STREET ADDRESS	3730 NW 88TH AVE #249	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	PD	
NAME	BERNSTEIN, KARIN	
STREET ADDRESS	3730 NW 88TH AVENUE #249	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: _____   4-11-08   89 741 7549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #