

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000043725

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** ABLE BUSINESS SYSTEMS, INC.

**Current Principal Place of Business:**

6330 PINE HILL ROAD #17  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

6330 PINE HILL ROAD  
17  
PORT RICHEY, FL 34668

**Current Mailing Address:**

6330 PINE HILL ROAD #17  
PORT RICHEY, FL 34668

**New Mailing Address:**

6330 PINE HILL ROAD  
17  
PORT RICHEY, FL 34668

**FEI Number:** 59-3725576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASTORE, ANTHONY  
6330 PINE HILL ROAD #17  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

PASTORE, ANTHONY W OWNER  
6330 PINE HILL ROAD  
17  
PORT RICHEY, FL 34668 US

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.

**SIGNATURE:** ANTHONY W. PASTORE

02/05/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** PASTORE, ANTHONY  
**Address:** 6330 PINE HILL RD. #17  
**City-St-Zip:** PORT RICHEY, FL 34668

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ANTHONY W. PASTORE

OWNE

02/05/2010

Electronic Signature of Signing Officer or Director

Date