2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086980

BLEMUR, ANIS

2340 SW 67 LANE

MIRAMAR, FL 33023

Name:

Address:

City-St-Zip:

Entity Name: AB CONSULTING & ACCOUNTING SERVICES, INC

FILED Mar 27, 2007 Secretary of State

	iei ABCOIN	30211110 47.00001111110 02			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
160 NW 176TH STREET KENNEDY PLAZA, SUITE 203 MIAMI GARDENS, FL 33169			1428 NE 163RD ST MIAMI, FL 33162	1428 NE 163RD STREET MIAMI, FL 33162	
Current Ma	ailing Addres	ss:	New Mailing Addr	New Mailing Address:	
160 NW 176TH STREET KENNEDY PLAZA, SUITE 203 MIAMI GARDENS, FL 33169			1428 NE 163RD ST MIAMI, FL 33162	1428 NE 163RD STREET MIAMI, FL 33162	
FEI Number:	65-1140304	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
BLEMUR, ANIS 160 NW 176TH STREET 203 MIAMI, FL FL US				1428 NE 163RD STREET	
The above in the State		submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: ANIS BLEMUR				03/27/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BLEMUR, ANIS 2340 SW 67 L MIRAMAR, FL	ANE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VP (BLEMUR, ANIS 2340 SW 67 TI MIRAMAR, FL	H LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (BLEMUR, ANIS 2340 SW 67 L MIRAMAR, FL	ANE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	S () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANIS BLEMUR P 03/27/2007