

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091782

Entity Name: ABBASI, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

500 SR 436
STE 2032
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

423 W. VINE STREET
KISSIMMEE, FL 34741

New Mailing Address:

PO BOX 2021
ARTESIA, CA 90702

FEI Number: 91-2157886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABBASI, IMTIAZ
2209 ANTIGUA PALACE #815
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

ABBASI, IMTIAZ
2209 ANTIGUA PLACE # 815
KISSIMMEE, FL 34741 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABBASI, IMTIAZ
Address: 2209 ANTIGUA PALACE #815
City-St-Zip: KISSIMMEE, FL 34741

Title: CPD () Delete
Name: ZAFARULLAN, JUMANI
Address: 606 ABACO CT
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ABBASI IMTIAZ

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date