

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000013721

1. Entity Name  
ABRAXAS NATURAL PRODUCTS INC.



**FILED  
Mar 06, 2008 8:00 am  
Secretary of State**

03-06-2008 90038 024 \*\*\*150.00

Principal Place of Business

4433 CORDIA CIRCLE  
COCONUT CREEK, FL 33066

Mailing Address

4433 CORDIA CIRCLE  
COCONUT CREEK, FL 33066

**DO NOT WRITE IN THIS SPACE**



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3027303	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALBA, JOSEPH R  
4433 CORDIA CIRCLE  
COCONUT CREEK, FL 33066

**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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KALBA, JOSEPH R  
STREET ADDRESS 4433 CORDIA CIRCLE  
CITY- ST- ZIP COCONUT CREEK, FL 33066

TITLE VD  
NAME STEIN, MONICA J  
STREET ADDRESS 4433 CORDIA CIRCLE  
CITY- ST- ZIP COCONUT CREEK, FL 33066

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:

*Ryley Kalba* Joseph R. KALBA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/2008 954-234-4155