


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90033 009 ***150.00

DOCUMENT # P02000039083

1. Entity Name
AMERICAN BUSINESS INTER-NETWORK, INC.
SPELLED WRONG



Principal Place of Business: **4907 CUPPER CANYON BLVD. VALRICO, FL 33594**

Mailing Address: **PO BOX 1230 BRANDON, FL 33509**

2. Principal Place of Business: **4907 COPPER CANYON BLVD**

3. Mailing Address: **PO BOX 1230**

Suite, Apt. #, etc.



04122004 Chg-P CR2E034 (10/03)

City & State: **VALRICO FL**

City & State: **BRANDON FL**

4. FEI Number: **01-0710010**

Applied For: Not Applicable

Zip: **33594** Country: **HILLSBOROUGH**

Zip: **33509** Country: **HILLSBOROUGH**

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

6. Name and Address of Current Registered Agent: **MOFFA, ARTHUR A 4907 CUPPER CANYON BLVD. VALRICO, FL 33594**

7. Name and Address of New Registered Agent: **MOFFA, ARTHUR A. 4907 COPPER CANYON BLVD. VALRICO FL 33594**

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: *Arthur A. Moffa* DATE: **4-12-04**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete MOFFA, ARTHUR A 4907 COPPER CANYON BLVD 1860 PROVIDENCE LAKES RD #510 BRANDON, FL 33511 BRANDON FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Arthur A. Moffa* DATE: **4-12-04**

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