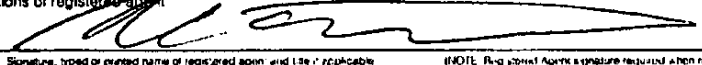
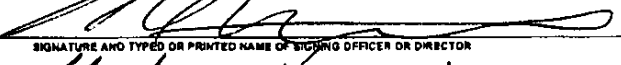


FILED
Sep 13, 2007 8:00 am
Secretary of State

08-29-2007 90001 033 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000043269			
1. Entity Name ABEL IRRIGATION, INC.			
Principal Place of Business 20 MIAMI GARDENS RD HOLLYWOOD, FL 33023		Mailing Address 20 MIAMI GARDENS RD HOLLYWOOD, FL 33023	
2. Principal Place of Business - No P.O. Box # 20 MIAMI GARDENS RD.		3. Mailing Address 20 MIAMI GARDENS RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL.		City & State Hollywood, FL.	
Zip 33023		Zip 33023	
Country USA		Country USA	
4. FEI Number 42-1533738		Applied For ☐ Additional Fee Required \$8.75	
5. Certificate of Status Desired ☐		6. Name and Address of Current Registered Agent KANDIBOVICH, MICHAEL 20 MIAMI GARDENS RD HOLLYWOOD, FL 33023	
7. Name and Address of New Registered Agent Name MICHAEL KANDIBOVICH Street Address (P.O. Box Number is Not Acceptable) 20 MIAMI GARDENS ROAD City Hollywood FL Zip Code 33023		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:  DATE: 8/24/07	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP P KANDIBOVICH, MICHAEL 20 MIAMI GARDENS RD HOLLYWOOD, FL 33023		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Kandibovich		DATE: 9/10/07 DELETION FEE: 959 291 7888	