


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90011 031 \*\*\*558.75

**DOCUMENT # P02000067019**

1. Entity Name  
**ABM RESEARCH INC.**



Principal Place of Business  
**30 WEST MASHTA DR  
 STE 600  
 KEY BISCAZYNE, FL 33149**


Mailing Address  
**30 WEST MASHTA DR  
 STE 600  
 KEY BISCAZYNE, FL 33149**

24004060

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

Zip Country Zip Country



07142004 Chg-P CR2E034 (10/03)

4. FEI Number **32-0018614**  
 APPLIED FOR Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MEHIK, CLARDIA  
 30 W MASHTA DR  
 STE 600  
 KEY BISCAZYNE, FL 33149**

7. Name and Address of New Registered Agent

Name **MELNIK CLAUDIA**

Street Address (P.O. Box Number is Not Acceptable)  
**30 W MASHTA DR STE 600**

City **KEY BISCAZYNE FL** Zip Code **33149**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRO MELNIK, CLAUDIA 30 WEST MASHTA DR #600 KEY BISCAZYNE, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **RONALD BENSELEY** **AUGUST 24, 2004** **305-365-8881**

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