


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000073783 1. Entity Name ABM ENGINEERING, INC	
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Principal Place of Business 2851 NE 183RD STREET #2016E N MIAMI BEACH, FL 33160	Mailing Address 2851 NE 183RD STREET #2016E N MIAMI BEACH, FL 33160
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04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0735538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MEDVED, ALEX 2851 NE 183RD ST #2016E N MIAMI BEACH, FL 33160
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**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, 2005 Fee will be \$550.00**

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	P MEDVED, ALEX 2851 NE 183RD ST #2016E N MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MEDVED, BRONYA 2851 NE 183RD ST #2016E N MIAMI BEACH, FL 33160
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U000000349165
05/02/05-80054-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date Daytime Phone #