

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90057 040 ***150.00

DOCUMENT # P02000113809

1. Entity Name
ABT'S USA, INC.



Principal Place of Business
**1845 SW 4TH AVENUE
A-1
DELRAY BEACH, FL 33444**

Mailing Address
**1845 SW 4TH AVENUE
A-1
DELRAY BEACH, FL 33444**

00013000



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3660917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEJARANO, JUAN P
1845 SW 4TH AVENUE
DELRAY BEACH, FL 33444**

**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, 2007 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
**D
BEJARANO, CAMILO A
1845 SW 4TH AVENUE
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BEJARANO, JUAN P
1845 SW 4TH AVENUE
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T&S
BEJARANO, GRACIE
1845 SW 4TH AVE
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BEJARANO, JAIME
1845 SW 4TH AVE
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jaime Bejarano 05/09/07 5612797634