2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113809

Entity Name: ABT'S USA, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3117 N EVERGREEN CIR BOYTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

3117 N EVERGREEN CIR BOYTON BEACH, FL 33426

FEI Number: 11-3660917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEJARANO, JUAN P BEJARANO, JUAN P 1845 SW 4TH AVENUE 3117 N EVERGREEN CIR.

US BOYNTON BEACH, FL 33426 US DELRAY BEACH, FL 33444

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.

SIGNATURE: 04/08/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

T&S

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BEJARANO, CAMILO A BEJARANO, CAMILO A Name: Name: 1845 SW 4TH AVENUE 3117 N EVERGREEN CIR. Address: Address:

City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: BOYNTON BEACH, FL 33426

VΡ Title: VΡ Title: () Delete (X) Change () Addition BEJARANO, JUAN P BEJARANO, JUAN P Name: Name: 1845 SW 4TH AVENUE 3117 N EVERGREEN CIR. Address: Address:

DELRAY BEACH, FL 33444 BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition () Delete BEJARANO, GRACIE BEJARANO, GRACIELA Name: Name: 1845 SW 4TH AVE 3117 N EVERGREEN CIR. Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Delete Title: (X) Change () Addition

BEJARANO, JÁIME BEJARANO, JAIME Name: Name: Address: 1845 SW 4TH AVE Address: 3117 N EVERGREEN CIR. City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33444 BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

T&S

SIGNATURE: GRACIELA BEJARANO T&S 04/08/2009