


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000118691	
1. Entity Name ABBO EXPORTS INC.	

Principal Place of Business 3440 NE 192 STREET SUITE 5B MIAMI, FL 33180	Mailing Address 3440 NE 192 STREET SUITE 5B MIAMI, FL 33180
---	---

DO NOT WRITE IN THIS SPACE



08252D04 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0435101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUQUE, MERCEDES
3440 NE 192 STREET SUITE 5B
MIAMI, FL 33180

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 MERCEDES DUQUE <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>Mercedes Duque</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	8/24/04 <small>DATE</small>
--	--	---------------------------------------

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

TITLE DPS	NAME DUQUE, MERCEDES	STREET ADDRESS 3440 NE 192 STREET SUITE 5B	CITY- ST- ZIP MIAMI, FL 33180
TITLE D	NAME MORENO, MARIO	STREET ADDRESS 3440 NE 192 STREET SUITE 5B	CITY- ST- ZIP MIAMI, FL 33180
TITLE 	NAME 	STREET ADDRESS 	CITY- ST- ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY- ST- ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY- ST- ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY- ST- ZIP

U00000171011
08/27/04-80002-001 158.75

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: <i>MARIO E. MORENO</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/24/04 <small>Date</small>	305-915-0898 <small>Daytime Phone #</small>
--	---------------------------------------	---

DO NOT WRITE IN THIS SPACE