

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 10, 2004 8:00 am
Secretary of State**

03-10-2004 90017 016 ***150.00

DOCUMENT # P02000121025
1. Entity Name A.B.Napa Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4077 West Columbia Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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54016685

DO NOT WRITE IN THIS SPACE

City & State Orlando, FL	City & State
Zip 32811	Country

4. FEI Number 43-1982192	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**

7. Name and Address of Current Registered Agent	
Name BODIUZAMAN, M.D	
Street Address (P.O. Box Number is Not Acceptable) 4077 West Columbia Street	
City Orlando	Zip Code 32811

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME Bodiuzman M D
STREET ADDRESS 4077 West Columbia Street	CITY-ST-ZIP Orlando, FL - 32811
TITLE VP	NAME RABAMAN, MOHAMMED A
STREET ADDRESS 4077 West Columbia Street	CITY-ST-ZIP Orlando, FL - 32811
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

11.	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

**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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/2/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #