

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90024 018 ***150.00

DOCUMENT # P03000038165

1. Entity Name

A & B PROPERTY VENTURES, INC.



Principal Place of Business

3263 NW 61ST STREET
BOCA RATON FL 33496
US

Mailing Address

3263 NW 61ST STREET
BOCA RATON FL 33496
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

30-0179388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIGLIO FINIZIO, BARBARA
3263 NW 61ST STREET
BOCA RATON FL 33496

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer (applicant).

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRIGLIO FINIZIO, BARBARA	
STREET ADDRESS	3263 NW 61ST STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAMBERT, ROBERT T	
STREET ADDRESS	3263 NW 61ST STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	<i>Gina Reed, Officer</i>	<input type="checkbox"/> Delete
NAME	<i>1080 River Run</i>	
STREET ADDRESS	<i>Dunlop, GA 30621</i>	
CITY-ST-ZIP	<i>Dunlop, GA 30621</i>	
TITLE	<i>Paul Finizio, Officer</i>	<input type="checkbox"/> Delete
NAME	<i>3263 NW 61st St</i>	
STREET ADDRESS	<i>Boca Raton, FL 33496</i>	
CITY-ST-ZIP	<i>Boca Raton, FL 33496</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/08