


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90006 002 \*\*\*150.00

**DOCUMENT # P03000098446**

1. Entity Name:  
**ABACO SERVICE, CORP.**



Principal Place of Business: **15450 NW 14 CT, PEMBROKE PINES, FL 33028**  
 Mailing Address: **15450 NW 14 CT, PEMBROKE PINES, FL 33028**  
*Tel: 954 442 3805*

**44050849**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

07232004 Chg-P CR2E034 (10/03)

City & State: Zip: Country:

4. FEI Number: **20-0212446**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GAMBETTA, GRACE**  
**15450 NW 14 CT**  
**PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	GAMBETTA, GRACE	
STREET ADDRESS	15450 NW 14 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
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"/> 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 19.07(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: *Grace Gambetta* **GRACE GAMBETTA-PRES** 07/26/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #: