

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90093 040 ***150.00

DOCUMENT # P03000109230

1. Entity Name

ABJ'S CORP.



Principal Place of Business

2323 SOUTH DEL PRADO BLVD.
UNIT 6A
CAPE CORAL FL 33990
US

Mailing Address

2323 SOUTH DEL PRADO BLVD.
UNIT 6A
CAPE CORAL FL 33990
US

2. Principal Place of Business

2323 SOUTH DEL PRADO BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
6A

City & State

CAPE CORAL FL

City & State

City & State

Zip

33990

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

P. MICHAEL VILLALOBOS, P.A.
1323 LAFAYETTE STREET
B
CAPE CORAL, FL FL 33904

4. FEI Number

76-0743122

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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

X

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE P ☐ Delete
NAME SILVA, BELINDA
STREET ADDRESS 2323 SOUTH DEL PRADO BLVD., UNIT 6A
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VP/S ☐ Delete
NAME ORTIZ, JUAN
STREET ADDRESS 2323 SOUTH DEL PRADO BLVD. UNIT 6A
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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:

[Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/15/04

Date

Daytime Phone #