

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000135026

1. Entity Name
**ADVANTAGE BUSINESS SOLUTIONS ENTERPRISES,
INC**



Principal Place of Business
**2411 NE 48TH STREET
LIGHTHOUSE POINT, FL 33064 US**

Mailing Address
**2411 NE 48TH STREET
LIGHTHOUSE POINT, FL 33064 US**



05112008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1733219

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NOON, PATRICK J
2411 NE 48TH STREET
LIGHTHOUSE POINT, FL 33064**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
NOON, PATRICK J
2411 NE 48TH STREET
LIGHTHOUSE POINT, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NOON, VIRGINIA R VP
2411 NE 48TH STREET
LIGHTHOUSE POINT, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000951799
06/04/08-80051-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, which empowers me.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. NOON, PRES

Date

Daytime Phone #

4-30-08 561-386-1890