

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000004657

Entity Name: ABY HEALTH SERVICES CORP.

FILED
Oct 30, 2007
Secretary of State

Current Principal Place of Business:

13911 SW 42ND ST
SUITE 203
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13911 SW 42ND ST
SUITE 203
MIAMI, FL 33175

New Mailing Address:

FEI Number: 81-0662287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA SANCHEZ, RICARDO
13911 SW 42ND STREET
SUITE 203
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA SANCHEZ, RICARDO
Address: 13911 SW 42ND STREET, SUITE 203
City-St-Zip: MIAMI, FL 33175 US

Title: D () Delete
Name: GARCIA SANCHEZ, RICARDO
Address: 13911 SW 42ND STREET, SUITE 203
City-St-Zip: MIAMI, FL 33175 US

Title: S (X) Delete
Name: GARCIA SANCHEZ, RICARDO
Address: 13911 SW 42ND STREET, SUITE 203
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESPINOSA, JOEL
Address: 13911 SW 42ND STREET, SUITE 203
City-St-Zip: MIAMI, FL 33175 US

Title: D (X) Change () Addition
Name: ESPINOSA, JOEL
Address: 13911 SW 42ND STREET, SUITE 203
City-St-Zip: MIAMI, FL 33175 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL ESPINOSA

PD

10/30/2007

Electronic Signature of Signing Officer or Director

Date