

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-22-2006 90041 030 ***150.00

P05000016356

06 JUN 26 PM 2:17

DOCUMENT # P05000016356

1. Entity Name
ABA CONSULTANTS INC.



Principal Place of Business
9362 NE 8TH CIRCLE
PLANTATION, FL 33324

Mailing Address
9362 NE 8TH CIRCLE
PLANTATION, FL 33324

2. Principal Place of Business

3. Mailing Address

151 N. Nob Hill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#175

05082006

Chg-P

CR2E034 (11/05)

06

City & State

Plantation, FL

4. FEI Number

90-0255527

Applied For
Not Applicable

Zip

Country

Zip

Country

33324

Broward

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALILI, DANIEL
9362 NE 8TH CIRCLE
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name Daniel Halili

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

10280 NW 2nd Ct

City Plantation

FL

Zip Code 33324

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 Daniel Halili

dmh

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

(Not for Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President
NAME Daniel Halili
STREET ADDRESS 10280 NW 2nd Ct
CITY-ST-ZIP Plantation, FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: dmh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #