

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90028 015 ***158.75

DOCUMENT # P05000092018 1. Entity Name ABO INT'L, INC.			
Principal Place of Business 7581 NW 87TH WAY TAMARAC, FL 33321		Mailing Address PO BOX 11741 FORT LAUDERDALE, FL 33339	
2. Principal Place of Business - No P.O. Box # 3229 E ATLANTIC BLVD.		3. Mailing Address Suite, Apt. #, etc. SUITE: 2154	
City & State POMPADRO BEACH, FL		City & State FL	
Zip 33062		Country USA	
4. FEI Number 42-1675448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	NAME SPRINGER, WILLIAM P	<input type="checkbox"/> Delete	
STREET ADDRESS 7581 NW 87TH WAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP TAMARAC, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: William P. SPRINGER 3-19-07 954-232-8179 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			