2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90025 039 ***150.00

DOCUMENT # P05000129342

1. Entity Name
Abba Health & Wealth, Inc.

DO NOT WRITE IN THIS SPACE

50005312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3155 N. 37th Ave.	3155 N. 37th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021-1347 Country: USA	Zip: 33021-1347 Country: USA

4. FEI Number: 20-3496683 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: De La Hoz, Gabriel

Street Address (P.O. Box Number is Not Acceptable): 3155 N. 37th Ave.

City: Hollywood FL Zip Code: 33021

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 _____ 03/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D/P/S/T	TITLE	
NAME	De La Hoz, Gabriel	NAME	
STREET ADDRESS	3155 N. 37th Ave.	STREET ADDRESS	
CITY - ST - ZIP	Hollywood, FL 33021	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Gabriel De La Hoz 03/19/06 954-894-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1