

2006

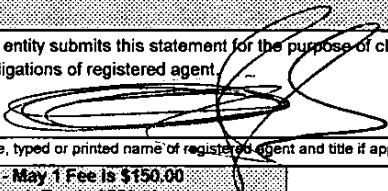
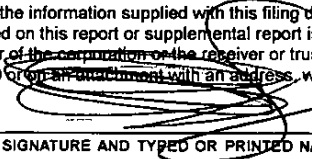
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90025 039 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000129342					
1. Entity Name Abba Health & Wealth, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3155 N. 37th Ave. Suite, Apt. #, etc.			3. Mailing Address 3155 N. 37th Ave. Suite, Apt. #, etc.		
City & State Hollywood, FL Zip 33021-1347		Country USA		4. FEI Number 20-3496683	
City & State Hollywood, FL Zip 33021-1347		Country USA		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					
State 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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T De La Hoz, Gabriel 3155 N. 37th Ave. Hollywood, FL 33021		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 amendment 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 #	

CR2E034B (12/02)