

2007

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 23, 2007 8:00 am
Secretary of State**

03-23-2007 90012 048 ***150.00

DOCUMENT # P05000129342	
1. Entity Name Abba Health & Wealth, Inc.	

DO NOT WRITE IN THIS SPACE

40040077

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.		4. FEI Number 20-3496683	Applied For <input type="checkbox"/> Not Applicable
City & State Hollywood, FL	City & State Hollywood, FL	City & State Hollywood, FL	City & State Hollywood, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33021-1347	Country USA	Zip 33021-1347	Country USA		

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

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

(NOTE: Registered Agent signature required when reinstating)

03/19/06

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)(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

03/17/07 305-308-9789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #