


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000130373
 1. Entity Name
ABBA CUSTOM KITCHEN CABINETS, INC.



Principal Place of Business: **12657 SW 258 LANE MIAMI, FL 33032**
 Mailing Address: **12657 SW 258 LANE MIAMI, FL 33032**

DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3655158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HERRERA, NELSON V
 12657 SW 258 LANE
 MIAMI, FL 33032**

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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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HERRERA, NELSON V 12657 SW 258 LANE MIAMI, FL 33032
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 04/26/07-80082-007 150.00

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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: NELSON V. HERRERA *Nelson V. Herrera*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 305-233-3358
 Date Daytime Phone #