

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000027261

1. Entity Name
ABRA FENCE, INC



Principal Place of Business
11201 S US 41
GIBSONTON, FL 33534 US

Mailing Address
11201 S US 41
GIBSONTON, FL 33534 US

2. Principal Place of Business - No P.O. Box #
12701 SPOTSWOOD DR.

3. Mailing Address
12701 SPOTSWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
RIVERVIEW, FL

City & State
RIVERVIEW, FL

Zip **33569** Country **USA**

Zip **33569** Country **USA**

6. Name and Address of Current Registered Agent

PAGANI, ANGELO
1113 KEENE RD
LARGO, FL 33771

Name

Street Address (P.O. Box Number is Not Acceptable)

12701 SPOTSWOOD DR.

City **RIVERVIEW**

FL

Zip Code **33569**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **PAGANI, ANGELO**
STREET ADDRESS **1113 KEENE RD**
CITY-ST-ZIP **LARGO, FL 33771**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**12701 SPOTSWOOD DR.
RIVERVIEW, FL 33569**

TITLE **VPD**
NAME **MARTINS DE ALMEIDA, OTONIEL**
STREET ADDRESS **1113 KEENE RD**
CITY-ST-ZIP **LARGO, FL 33771**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**12701 SPOTSWOOD DR.
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Angel Pagan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 (973)6265028
Date Daytime Phone #

**FILED
Apr 14, 2008 8:00 am
Secretary of State**

04-14-2008 90033 037 ***150.00

40067219



04032008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4365486	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

7. Name and Address of New Registered Agent