

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072088

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: ABELLA, MONTESINOS AND ASSOCIATES INC.

## Current Principal Place of Business:

7055 SW 12 ST  
STE 2  
MIAMI, FL 33144

## New Principal Place of Business:

5201 BLUE LAGOON DRIVE  
SUITE 260  
MIAMI, FL 331262065

## Current Mailing Address:

7055 SW 12 ST  
STE 2  
MIAMI, FL 33144

## New Mailing Address:

5201 BLUE LAGOON DRIVE  
SUITE 260  
MIAMI, FL 331262065

FEI Number: 20-4934235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NUNO, CELIA E  
5201 BLUE LAGOON DR  
STE. 270  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PLANA, NESTOR  
Address: 5201 BLUE LAGOON DR., STE. 270  
City-St-Zip: MIAMI, FL 33126

Title: SD ( ) Delete  
Name: NOONAN, RAYMOND  
Address: 5201 BLUE LAGOON DR., STE. 270  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: HARPER, FLOYD  
Address: 5201 BLUE LAGOON DR., STE. 270  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR PLANA

PD

04/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date