FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90179 016 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000052329

1. Entity Name
ABRAS ENTERPRISES INC.

Principal Place of Business	Mailing Address
10331 SUNRISE LAKES BOULEVARD 307 SUNRISE, FL 33322	10331 SUNRISE LAKES BOULEVARD 307 SUNRISE, FL 33322

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1975 E. Sunrise Blvd	1975 E. Sunrise Blvd
Suite, Apt. #, etc. Suite 609	Suite, Apt. #, etc. Suite 609
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33304 Country USA	Zip 33304 Country USA

4. FEI Number 20-8958085 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RASHID, ABDUL 10331 SUNRISE LAKES BOULEVARD 307 SUNRISE, FL 33322	Name Abdul Rashid Street Address (P.O. Box Number is Not Acceptable) 1975 E. Sunrise Blvd Ste 609 City Fort Lauderdale FL Zip Code 33304

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 ✗ Abdul Rashid 4/29/08
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 NAME STREET ADDRESS CITY-ST-ZIP	P RASHID, ABDUL 10331 SUNRISE LAKES BOULEVARD SUNRISE, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rashid, Abdul 1975 E. Sunrise Blvd Ste 609 Fort Lauderdale, FL 33304	☒ 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
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: ✗ Abdul Rashid 4/29/08 754-214-9164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #