


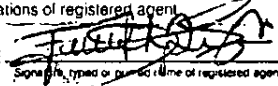
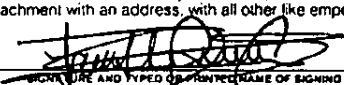
2008 FOR PROFIT CORPORATION ANNUAL REPORT

09-12-2008 90001 024 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

DOCUMENT # P07000053162			
1. Entity Name ABBA STORES CORP.			
Principal Place of Business 16218 SW 67 TERRACE MIAMI, FL 33193		Mailing Address 16218 SW 67 TERRACE MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box # 8901 SW 157 AVENUE Suite, Apt. #, etc. #13 City & State Miami FL Zip 33193 Country USA		3. Mailing Address 16218 SW 67th Terrace Suite, Apt. #, etc. Private house City & State Miami FL Zip 33193 Country USA	
4. FEI Number 20-8972090		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DURAN, FANNY L 16218 SW 67 TERRACE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Duran, Fanny L. Street Address (P.O. Box Number is Not Acceptable) 16218 SW 67th Terrace City Miami FL Zip Code 33193	
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:  DATE: 9/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURAN, FANNY L 16218 SW 67 TERRACE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DURAN, JOSE 16218 SW 67 TERRACE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Fanny L. Duran		Date: 9/10/08 (305) 383-3809	

As per telephone conversation with
Fanny L. Duran on 11/10