2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044710

Entity Name: ABC AMERICA, CORP

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
CHITTANT Principal Place of Blicipace	New Principal Place of Kilsiness:

3900 NW 79 AVE 3900 NW 79 AVE

632 634

MIAMI, FL 33166 US MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

3900 NW 79 AVE 3900 NW 79 AVE

32 634

MIAMI, FL 33166 US MIAMI, FL 33166 US

FEI Number: 20-4269941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIAMI, FL 33166 US MIAMI, FL 33166 US

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: NELSON VARONA 01/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition

 Name:
 GALLARDO, ELENA
 Name:
 VARONA, NELSON

 Address:
 3900 NW 79 AVE SUITE 632
 Address:
 3900 NW 79 AVE SUITE 634

City-St-Zip: MIAMI, FL 33166 US City-St-Zip: MIAMI, FL 33166 US

Title: P (X) Delete Title: () Change () Addition

 Name:
 VARONA, RAFAEL N
 Name:

 Address:
 3900 NW 79 AVE SUITE 632
 Address:

 City-St-Zip:
 MIAMI, FL 33166 US
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 VARONA, NELSON
 Name:

 Address:
 3900 NW 79 AVE SUITE 632
 Address:

 City-St-Zip:
 MIAMI, FL 33166
 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: NELSON VARONA P 01/20/2009