## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000061152

Entity Name: DISABLED AND ABLE BODIES INC.

4772 SW 154 COURT

MIAMI, FL 33185 US

Address:

City-St-Zip:

FILED Jun 17, 2009 Secretary of State

	e. Dio/IBLL				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4772 SW MIAMI, FL	154 COURT 33185 US				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4772 SW MIAMI, FL	154 COURT 33185 US				
FEI Number	: 26-2943724	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
4772 SW MIAMI, FL					
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/VP ( ) PADILLA, CON: 4772 SW 154 C MIAMI, FL 331	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC. () PADILLA, CON: 4772 SW 154 C MIAMI, FL 331	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA () PADILLA, CON	Delete SUELO C	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CONSUELO PADILLA OTR 06/17/2009