

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000100589

Entity Name: ABI COMMODITIES, INC.

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8661 NW 24TH STREET  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8661 NW 24TH STREET  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 45-3852573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHN ADAMS MBA-PB, INC.  
8661 NW 24TH STREET  
SUNRISE, FL 33322 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HERNANDEZ, AGUSTIN  
Address: CALLE S/E, C.C.LAS CHIMENEAS, LOCAL NO 615  
City-St-Zip: URB LAS CHIMENEAS, AP VENEZUELA 17

Title: VP  
Name: HERNANDEZ, ALEJANDRO  
Address: CALLE MO CHDMA 120-141  
City-St-Zip: VALENCIA, AP VENEZUELA 20

I hereby 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 all other like empowered.

SIGNATURE: AGUSTIN HERNANDEZ

PRES

04/29/2012

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

\_\_\_\_\_  
Date