

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000003580

Entity Name: ABBA SHIPPING LINES, INC.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5960 N.W. 99TH AVENUE  
UNIT 9  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 570756  
MIAMI, FL 33257 US

**New Mailing Address:**

FEI Number: 65-0436511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRAVANO, DONNA  
5960 N.W. 99TH AVENUE  
UNIT 9  
DORAL, FL 33178 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: PD  
Name: TRAVANO, DONNA  
Address: P.O. BOX 570756  
City-St-Zip: MIAMI, FL 33257 US

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: DONNA TRAVANO

PD

04/06/2011

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

\_\_\_\_\_  
Date