2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037177

FILED Apr 27, 2004 Secretary of State

Entity Nar	me: A.B.C. LI	MOUSINE, INC.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
7300 WEST MCNAB RD. SUITE 215 TAMARAC, FL 33321			1587 SPRINGSIDE DR WESTON, FL 33326	IVE	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 215	T MCNAB RE 5 5, FL 33321).	1587 SPRIGSIDE DRIV WESTON, FL 33326	/E	
FEI Number:	65-0420860	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:	
WESTON, The above	NGSIDE DR FL 33326	US submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD (ALBA, CARLO 7300 W. MCN, TAMARAC, FL	AB RD, #215	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (X JONES, KARL 7300 W. MCN/ TAMARAC, FL	AB RD, #215	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLO ALBA Ρ 04/27/2004