2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

8815 HORN CT NEW PORT RICHEY FL 34654 US

DOCUMENT # P93000063760

1. Entity Name

Principal Place of Business

8815 HORN CT NEW PORT RICHEY FL 34654

2. Principal Place of Business

Suite, Apt. #, etc.

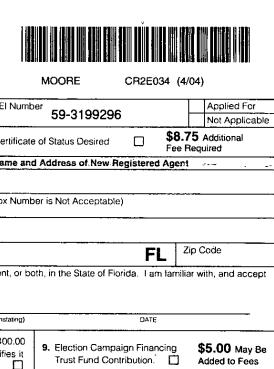
ABA ENTERPRISES AND ASSOCIATES, INC.



FILED Aug 09, 2004 8:00 am Secretary of State

08-09-2004 90007 001 ***550.00

MIUIUIUU



City & State		City & State		4. FEI Numb	4. FEI Number 59-3199296		Applied For	
			<u> </u>	35-315-32-50			Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired			Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
-cur	ODT DALIE D	Name						
SHORT, PAUL R 7522 N. 40TH ST.			Street Addi	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33604								
			City		FL	Zip Ci	ode	
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
DATE								
						5.00 May Be dded to Fees		
10. OFFICERS AND DIRECTORS 1			11.	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	□ Delete	TITLE			Chang		
NAME	DOURADO, VINCENT P		NAME					
STREET ADDRESS	5031 PORPOISE PL.		STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	•	CITY-ST-ZIP					
TITLE	PD	☐ Delete	TITLE			☐ Chang	e	
NAME	DOURADO; VINCENT P JR.		NAME					
STREET ADDRESS	8815 HORN CT.		STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE		٠	Chano	ne Addition	
NAME	DOURADO, VINCENT P III		NAME				v = (, radinion)	
STREET ADDRESS	8815 HORN CT.		STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	·, ·	CITY-ST-ZIP	• • • •	•			
TITLE		☐ Delete	TITLE		,	☐ Chang	e 🔲 Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Chang	ge Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				}	
TITLE		☐ Delete	TITLE			☐ Chang	ge Addition	
NAME			NAME			•		
STREET ADDRESS]		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				;	
12. I hereby of	certify that the information supplied with	this filing does not qualify fo	r the exemption stated	in Section 119.07(3)	(i), Florida Statutes. I further certi	fy that the	e information	

of the corporation or the received or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: