

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013382

FILED
Feb 17, 2009
Secretary of State

Entity Name: A.B. DIVERSIFIED ENTERPRISES, INC.

Current Principal Place of Business:

2315 N.W. 107TH AVENUE
SUITE A28/A29
MIAMI, FL 33172

New Principal Place of Business:

6825 W. SUNRISE BLVD.
PLANTATION, FL 33313

Current Mailing Address:

P O BOX 16777
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0553988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAJAJ, ARVINDER S
2440 SW 105 TERR
DAVIE, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAJAJ, ARVINDER S
Address: 2440 SW 105 TERR
City-St-Zip: DAVIE, FL 33324

Title: SEC () Delete
Name: BAJAJ, SIMRAT K MRS
Address: 1769 NW 81 WAY
City-St-Zip: PLANTATION, FL 33322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BAJAJ, ARVINDER S
Address: 2440 SW 105 TERR
City-St-Zip: DAVIE, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ARVINDER BAJAJ

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date