2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P9600039219 DOCUMENT

FILED
May 02, 2003 8:00 am
Secretary of State

1. Entity Nar ABBY CH		CENTRE, INC.	0000321	<i></i>			05-02-2003 90	9351 001 3	***600.0	00	
10825 SW 184 MIAMI FL 331	57		Mailing Address 10825 SW 184 ST MIAMI FL 33157 US					.	3 601 34 10 83		
	Place of Busine		3. Mailing Addre								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_					
<u>-</u>						CHECK HERE IF MAKING CHANGES					
City & State			City & State		4. FE	65-0663029		Applied For Not Applicable			
Zip Country		Zip Cour		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name s	and Address of Curre	nt Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				
444FB# 43	46/ED 0114D	raca			Name						
	WYER CHART				Street Address	(P.O. Bo)	x Number is Not Acceptable)				
343 ALMERIA AVENUE CORAL GABLES FL 33134											
								FL	Zip Code	e	
8. The above	e named entity	submits this statement	for the purpose of cha	inging its register	ed office or regist	ered ager	nt, or both, in the State of Florid		niliar with,	and accept	
the obliga	tions of registe	red agent.									
SIGNATURE	Signature, typed or	printed name of registered age	int and title if applicable	(NOTE: Registers	ed Agent signature requir	ed when rains	stating)	DATE			
	·····	FEE IS \$150.00		,							
Afte	r May 1, 2003	Fee will be \$550.00 Florida Department					 Election Campaign Final Trust Fund Contribution, 	•		May Be I to Fees	
10.	T	OFFICERS AN	D DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AJILEYE, OI 10825 SW MIAMI FL 3	184 ST	□ D€	NAM STR			·] Change	☐ Addition	
	VSD AJILEYE, ISAAC B 10825 SW 184 ST MIAMI FL 33157		□ De	NAM STR] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		NAM STR	l l				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ D€	NAM Stri	I] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM _STRI	1] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Certify that the	information expolled w	De lith this filing does not	NAM STRI CITY	EET ADDRESS	Section 14	9.07(3)(i), Florida Statutes. I fu		Change	Addition	

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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE SAACOB ASTREYE (SECRETARY)