P96000096048

(Requestor's Name)			
(Ac	(Address)		
(Address)			
(City/State/Zip/Phone #)			
	☐ WAIT	□ •••□	
☐ PICK-UP	L WAII	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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08/02/07--01016--022 **35.00

O7 AUG -2 AM IO: 52 Secretary of State

Maria John

COVER LETTER

TO: Amendment S Division of C	Section orporations		
SUBJECT:	Abby Trading		
	(Name of C	Corporation)	
DOCUMENT NUMI	BER: P96000096048		
The enclosed Stateme	nt of Change of Registered Offic	e/Agent and fee are submitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	-	•	
Ga	ary Perry		
_	(Name of Co	ntact Person)	
Abby Trading Group Inc.			
	(Firm/Co	ompany)	
404	A4 A14 4A4 ATT LINUT (1AA		
124	91 SW 134 CT, UNIT # 20	ress)	
	(2 1500	1000)	
Mlami, FL 33186			
(City/State and Zip Code)			
For further information	n concerning this matter, please of	call:	
Gary Perry		at (305) 255 3111	
(Name	of Contact Person)	at (305) 255 3111 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 c	heck made payable to the Depart	ement of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Amendment section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this corganized under the laws of the State of Florida registered agent, or both, in the State of Florida.
	the corporation: Abby Trading Gro	•
	al office address: 11046 SW 154 CT	
3. The mailing	address (if different): Same	
4. Date of incom	rporation/qualification: 11/25/1996	Document number: P96000096048
	nd street address of the current registartment of State:	tered agent and registered office on file with the
	Gary Perry	AUG - AUG - AHAS
	11046 SW 154 CT, Miami	. FL 33196
		OF STO
6. The name an (if changed):		ed agent (if changed) and /or registered office
	Gary Perry	
	12491 SW 134 CT. Unit #	20, Miami, FL 33186
	(P.O. Box NOT ac	cceptable)
_		street address of the business office of its registered agent,
authorized by t	the board, or the corporation has b	adopted by its board of directors or by an officer so een notified in writing of the change.
(Signa	ture of an officer or director)	Gary Perry (Printed or typed name and title)
i juriner agree of my duties, a document is be	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang is been notified in writing of this c	eent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this we in the registered office address, I hereby confirm that the hange.
5	2-5	07/25/07
	ignature of Registered Agent) chalf of an entity:	(Date)
- organia on or		
(Typed or Printed Name)	-

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)