## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P96000096048 DOCUMENT # 1. Entity Name ABBY TRADING GROUP, INC.

Apr 11, 2003 8:00 am Secretary of State
04-11-2003 90167 044 \*\*\*150.00

Principal Place of Business 11046 SOUTHWEST 154 COURT MIAM! FL 33196		Mailing Address 11046 SOUTHWEST 154 COURT MIAMI FL 33196		T (BATTBAT) KIT MAMBARKKI BATKI BATKI BATKI BATKI BATKI BATKI
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0709082 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
	<b>∀</b>		Name	and the first of the second of
PERRY, GARY 11046 SW 154 CT			Street Address	s (P.O. Box Number is Not Acceptable)
MIAMI FL 33196				
			City	FL Zip Code
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. ) am familiar with, and accept the obligations of registered agent.				
, SIGNATURE . ¶	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE
" APPAP ##AU 3 2002 EAA WILL BA CEEU DO				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PERRY, GARY 11046 SOUTHWEST 154 COURT MIAMI FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The section	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #