



**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90022 028 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000025519</b>		
1. Entity Name ABBA AUTO CENTER, INC.		
Principal Place of Business 1005 N 21 AVE HOLLYWOOD, FL 33020	Mailing Address P.O. BOX 222448 HOLLYWOOD, FL 33022	<b>66012952</b>  01072008 No Chg-P CR2E034 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 65-0830626		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent DELIMA, AGNALDO P 1005 NORTH 21 AVENUE HOLLYWOOD, FL 33020		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 <i>X</i> (NOTE: Registered Agent signature required when translating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / Treasurer NEVES, ALMIR 17600 N. BAY RD, #501 SUNNY ISLES, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DELIMA, AGNALDO 6431 MCKINLEY ST HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATOR Sam Delima 3012 NE 12 ST #502 Bompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if an attachment with an address, with all other like empowered.		
SIGNATURE: <i>X</i> (Signature and typed or printed name of signing officer or director)		04-02-08 Date Daytime Phone #