2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000028694

1. Entity Name
ABE GROUP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4010 SHERIDAN ST. HOLLYWOOD, FL 33021-3536	4010 SHERIDAN ST. HOLLYWOOD, FL 33021-3536

02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0829235
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAND, MARK S ESQ
4010 SHERIDAN ST
HOLLYWOOD, FL 33021

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000836226
03/04/08-80007-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	GRAND, MARK S
STREET ADDRESS	4010 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	DPAS
NAME	GRAND, LEONARD
STREET ADDRESS	4010 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	T
NAME	GRAND, MARKS S
STREET ADDRESS	4010 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard Grand President 2/21/08 (954) 989-2889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #