

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90471 020 ***150.00

DOCUMENT # P98000042388 1. Entity Name AB CONSULTING ENGINEERS, INC.					
Principal Place of Business 14451 NOTTINGHAM WAY CIRCLE ORLANDO, FL 32828			Mailing Address 14451 NOTTINGHAM WAY CIRCLE #D ORLANDO, FL 32828		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14451 Nottingham Circle Suite, Apt. #, etc.			
City & State City: Orlando State: FL		4. FEI Number 59-2394460		Applied For <input type="checkbox"/> Not Applicable	
Zip 32828		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			7. Name and Address of New Registered Agent Name: ASHRAF EL-BAHY Street Address (P.O. Box Number is Not Acceptable): 14451 Nottingham Circle City: Orlando State: FL Zip Code: 32828		
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: <u><i>A. El-Bahy</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EL-BAHY, ASHRAF 11126 PONCE VIEW DRIVE #D ORLANDO, FL 32825	<input type="checkbox"/> Delete			
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12. 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					