

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90003 012 \*\*\*150.00

**DOCUMENT # P98000075996**

1. Entity Name  
**ACB GROUP, INC.**



Principal Place of Business  
**4760 BAY POINT ROAD**  
**MIAMI, FL 33137 US**

Mailing Address  
**4760 BAY POINT ROAD**  
**MIAMI, FL 33137 US**

**54059689**

2. Principal Place of Business  
**1688 WEST AVENUE**

3. Mailing Address  
**1688 WEST AVENUE**

Suite, Apt. #, etc.  
**503**

Suite, Apt. #, etc.  
**503**

06252004 Chg-P CR2E034 (10/03)



City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33133**

Country  
**US**

Zip  
**33133**

Country  
**US**

4. FEI Number  
**65-0858885**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DONIS, INGRYD**  
**7949 NW 64 STREET**  
**MIAMI, FL 33166**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1688 WEST AVENUE**

**503**

City  
**MIAMI**

**FL**

Zip Code  
**33133**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/23/04**

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**DONIS, INGRYD**  
**4760 BAY POINT ROAD**  
**MIAMI, FL 33137**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**1688 WEST AVENUE, #503**  
**MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

**Ingryd Donis**

**6/23/04**

Date

Daytime Phone #

Attachment B  
P18000075916

57055689

June 28, 2004

State of Florida  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

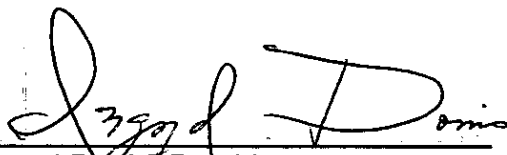
Enclosed is our check 780 in the amount of \$150 to cover ACB Group, Inc. UBR fee for calendar year 2004.

The company never received the original request for filing and payment. We would appreciate your favorable consideration of this request and abate the \$400 late filing fee. We assure you it was not our intention to file or pay late this annual fee.

Thank you in advance for your consideration to this request and understanding.

Sincerely,

ACB GROUP, INC.

  
\_\_\_\_\_  
Ingrid Denis, President