2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2004 08:00 AM Secretary of State

ANNUAL REPORT						1 CD 20, 2004 00.00 MM				
DOCUMENT # P99000012588 1. Entity Name A.B. ENTERPRISES INC.						Sec	retary	of S	State	
Principal Place of Business Mailing Address				•						
9999 NW 89 AVENUE		9999 NW 89 AVENUE								
BAY 17		BAY 17								
MEDLEY, FL 33178 US		MEDLEY, FL 33178 US								
2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt #, etc		Suite, Apt #. etc			01272004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Number Applied For 65-0893326 Not Applicable			<u> </u>		
Zip	Country	Zīp	p Countr		5. Certificate o	f Status Desired		8.75 Add ee Required		
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
BELLO, AMAURY				Name						
5380 S.W. 92ND AVE. MIAMI, FL 33165				Street Address (eet Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					e	
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 Signaphe, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remetating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Conf			.00 May Be led to Fees					
10.	OFFICERS AND DIRECTORS				ADDITIONS/(HANGES TO OFF	IÇERS AND I	DIRECTORS	S IN 11	
HILE	DPT □ Delete			.8.	☐ Change ☐ Addition ☐ U00000070344					
NAME STREET ADDRESS	BELLO, AMAURY 5380 S.W. 92ND AVE.		NAN SIB	AE EET ADDRESS		03/01/04	.010344 -80038-1	023 15	n na	
CITY ST-ZIP	MIAMI, FL 33165			r - SI - ZIP		Oprotro.	00000	DEC 10	.0.1	
THILE	V-PS	☐ Delete	1111	.t:				☐ Change	Addition	
NAME	NODARSE, JUAN I		AAM							
STREET ADDRESS City - ST - ZIP	6005 EAST 4TH AVENUE HIALEAH, FL 33013			EET ADDRESS Y-ST-ZIF						
TITLE	111ALLA11,1 L 33013	☐ Delete	TITL				 =	Change	Addition	
NAME		- Delete	NAN							
STREET ADDRESS				REET ADDRESS						
CITY ST-ZIP			-	Y-ST-ZIP				<u> </u>		
TITLE NAME		☐ Delete	TITE NAM	!				Change	☐ Addition	
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP			Cit	Y-SI-ZIP				<u> </u>		
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NAME STREET ADDRESS			NA! S.FR	ME Reet address						
CITY-ST ZIP				Y-SI-ZIP						
TITLE		☐ Delete	IIII	ré	·········			☐ Change	Addition	
NAME			NA!	I						
STREET ADDRESS				RELI ADDRESS Y ST-ZIP						
CITY - ST - ZIP	certify that the information supplied with	a this filling does not qualify to			oction 119 07/3\/	Florida Statutos	I further certi	ify that the i	information	
indicated of the co	certify that the information supplied will f on this report or supplemental report in rporation or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that cowered to execute this repor with all other like empowered	my signa t as requ	ature shall have the	same legal effect	t as if made under	oath, that I ar	m an officer	rardirector (