


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000046577</b> 1. Entity Name ABACO ENGINEERING INC.	
--	---

Principal Place of Business 10100 W. SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065	Mailing Address 10100 W. SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065
---	---

**DO NOT WRITE IN THIS SPACE**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0921458	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

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

BEHMARDI, AZITA O  
5997 NW 73RD CT  
PARKLAND, FL 33067

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000074947  
03/03/04-80040-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEHMARDI, AZITA 5997 NW 73RD CT PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:** Ashli Belle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04 954-227-2726  
Date Daytime Phone #