2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90098 042 ***150.00

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1. Entity Name
ABBA COMMERCE, CORP.

Principal Place of Business	Mailing Address
1566 PRESIDIO DRIVE WESTON, FL 33327	62 INDIAN TRACE # 263 WESTON, FL 33326

04182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8255 West Sunrise Blvd		8255 West Sunrise Blvd.	
Suite, Apt. #, etc.: Suite # 122		Suite, Apt. #, etc.: Suite # 122	
City & State: Plantation - FL		City & State: Plantation - FL	
Zip: 33322	Country: USA.	Zip: 33322	Country: USA.

4. FEI Number: 65-0953639 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDRADE, CARLO F
1566 PRESIOLO DRIVE
FORT LAUDERDALE, FL 33327

7. Name and Address of New Registered Agent

Name: Andrade, Sandra B.
Street Address (P.O. Box Number is Not Acceptable): 8541 N.W. 11th. Street.
City: Plantation FL Zip Code: 33322

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: Sandra B. Andrade, President. [signature] 04/19/2004
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ANDRADE, SANDRA B 1566 PRESIDIO DRIVE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Andrade, Sandra B. 8541 N.W. 11th. Street. Plantation, FL, 33322	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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)(l), 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: Sandra B. Andrade. President [signature] 04/19/04 (954)370-8762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #