


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S60091 1. Entity Name ABDO INVESTMENTS, INC.	
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Principal Place of Business 7280 W PALMETTO PARK RD STE 306N BOCA RATON, F 33433 US	Mailing Address 7280 W PALMETTO APRK RD STE 306N BOCA RATON, FL 33433 US
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0267401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEAVER PROPERTIES, INC. 7280 W PALMETTO PK RD SUITE 306-N BOCA RATON, FL 33433
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**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 _____
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SABGA, JOSEPH 7280 W PALMETTO PK RD, SUITE 306-N BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SABGA, GEORGE 7280 W PALMETTO PK RD, SUITE 306-N BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SABGA, EMILE 7280 W PALMETTO PARK RD, SUITE 306-N BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SABGA, S. PAUL 7280 W. PALMETTO PARK RD, STE 306N BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SABGA, PETER 7280 W PALMETTO PARK RD STE 306N BOCA RATON, FL 33433
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 all other like empowered.

SIGNATURE:  **Joseph Sabga** **04/27/2004** **(561) 392-2777**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #