2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60091

Entity Name: ABDO INVESTMENTS, INC

FILED Mar 12, 2009 Secretary of State

y	mei Abboni	·LOTIVIE	21410, 1140.			
Current Principal Place of Business:				New Principal Place of Business:		
	2 AVENUE LD BEACH, FL	33442	US			
Current Mailing Address:				New Mailing Address:		
	2 AVENUE LD BEACH, FL	33442	US			
FEI Number	: 65-0267401	FEI Nu	mber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
290 SW 12 DEERFIEL The above	PROPERTIES, 2 AVENUE LD BEACH, FL named entity se of Florida.	33442	US this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:					
		_	ture of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fu	ınd Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () SABGA, JOSEF 290 SW 12 AVE DEERFIELD BE	ENUE	33442	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () SABGA, GEOR 290 SW 12 AVE DEERFIELD BE	ENÚE	33442	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () SABGA, EMILE 290 SW 12 AVE DEERFIELD BE	ENUE	33442	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () SABGA, S. PAU 290 SW 12 AVE DEERFIELD BE	ENUE	33442	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V ()	Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER SABGA VP 03/12/2009

SABGA, PETER

290 SW 12 AVENUE

DEERFIELD BEACH, FL 33442

Name:

Address:

City-St-Zip: