

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000099833

**Entity Name:** ABELL DESIGN FL INC

**Current Principal Place of Business:**

400 SUNNY ISLES BLVD  
602  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

400 SUNNY ISLES BLVD  
602  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 87-3767579

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEN KIMON, ELAD  
400 SUNNY ISLES BLVD  
602  
SUNNY ISLES BEACH, FL 33160 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BEN KIMON, ELAD  
Address 400 SUNNY ISLES BLVD #602  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP  
Name MOR, BELLA  
Address 400 SUNNY ISLES BLVD #602  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELAD BEN KIMON

**MANAGER**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date