

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002524

Entity Name: ABBE LABORATORIES, INC.

FILED
Jun 26, 2009
Secretary of State

Current Principal Place of Business:

1095 ROUTE 110 UNIT E-F
FARMINGDALE, NY 11735

New Principal Place of Business:

Current Mailing Address:

1095 ROUTE 110 UNIT E-F
FARMINGDALE, NY 11735

New Mailing Address:

FEI Number: 11-3039717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, ELEANOR
13505 SHELL BEACH COURT
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POSNER, ELEANOR
Address: 13505 SHELL BCH CT
City-St-Zip: DELRAY BEACH, FL 33446

Title: V () Delete
Name: POSNER, ROBERT
Address: 13505 SHELL BCH CT
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ELEANOR POSNER

P

06/26/2009

Electronic Signature of Signing Officer or Director

_____ Date