

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005396

**Entity Name:** ABA TRAVL & ENT, INC.

**Current Principal Place of Business:**

16192 COASTAL HWY  
LEWES, DE 19958

**Current Mailing Address:**

16192 COASTAL HWY  
LEWES, DE 19958 US

**FEI Number:** 65-0163247

**Certificate of Status Desired:** No

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

CARBONELL, AYCHER  
825 BRICKELL BAY DR.  
SUITE 851  
MIAMI, FL 33131 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	CEO	Title	P
Name	LORA, WENCESLAO	Name	CARBONELL, AYCHER
Address	16192 COASTAL HWY	Address	16192 COASTAL HWY
City-State-Zip:	LEWES DE 19958	City-State-Zip:	LEWES DE 19958
Title	VP	Title	T
Name	LOPEZ, LAZARO ESQ.	Name	YANES, ALAIN
Address	16192 COASTAL HWY	Address	16192 COASTAL HWY
City-State-Zip:	LEWES DE 19958	City-State-Zip:	LEWES DE 19958

*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:** WENCESLAO LORA

**C.E.O & COMPLIANCE  
OFF.**

**04/02/2024**

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

\_\_\_\_\_  
Date