

2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

05 AUG 29 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L66812 1. Entity Name ABET ENTERPRISES, INC.		
Principal Place of Business 2321 SW 57 TER WEST HOLLYWOOD, FL 33023 US		Mailing Address P. O. BOX 5118 W. HOLLYWOOD, FL 33083 US
2. Principal Place of Business <i>1014 New Leaf Rd</i> Suite, Apt. #, etc.	3. Mailing Address <i>1014 New Leaf Rd Lament FL</i> Suite, Apt. #, etc.	
City & State <i>Lament FL</i>	City & State <i>Lament FL</i>	4. FEI Number 65-0184813
Zip 32336	Country <i>Tefferson</i>	Applied For <input type="checkbox"/> Not Applicable
Zip 32336	Country <i>Tefferson</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



08292005 Chg-P CR2E034 (10/0*

6. Name and Address of Current Registered Agent ROBERT SEWALL 2321 SW 57TH TERR. HOLLYWOOD, FL 33023	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWALL, ROBERT G.	NAME	200059392592
STREET ADDRESS	2321 SW 57TH TERR	STREET ADDRESS	09/07/05--01027--004 **158.75
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Sewall* *Robert Sewall* 8-29-2005 850.997-2452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #