


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 842981
1. Entity Name
RONNIE SALES, INC.



Principal Place of Business 145 BROAD AVENUE FAIRVIEW, NJ 07022	Mailing Address 145 BROAD AVENUE FAIRVIEW, NJ 07022
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1579261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASAS, GLORIA
10410 NW 129TH STREET
HIALEAH GARDENS, FL 33014

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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.

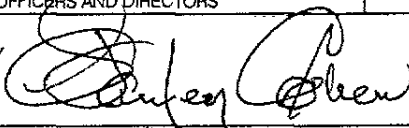
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000533268
05/06/06-80117-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, STANLEY 8200 BLVD E N BERGEN, NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, MERCY 8200 BLVD E N BERGEN, NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLMAN, NEIL 115 OLD MILL RD GREAT NECK, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Date: April 21 '06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR