

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006246

FILED
Mar 26, 2008
Secretary of State

Entity Name: ACB RECEIVABLES MANAGEMENT, INC.

Current Principal Place of Business:

19 MAIN ST
ASBURY PARK, NJ 07712

New Principal Place of Business:

Current Mailing Address:

19 MAIN ST
ASBURY PARK, NJ 07712

New Mailing Address:

FEI Number: 21-0625298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SHNAYDERMAN, OLEG
Address: 19 MAIN ST
City-St-Zip: ASBURY PARK, NJ 07712

Title: OFFI () Delete
Name: ROSEVEAR, LINDA
Address: 19 MAIN ST
City-St-Zip: ASBURY PARK, NJ 07712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECR (X) Change () Addition
Name: ROSEVEAR, LINDA
Address: 19 MAIN ST
City-St-Zip: ASBURY PARK, NJ 07712

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: OLEG SHNAYDERMAN

PRES

03/26/2008

Electronic Signature of Signing Officer or Director

Date