


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002796
 1. Entity Name
 PNEUMO ABEX CORPORATION



Principal Place of Business
 THIRD ST. & JEFFERSON AVE.
 CAMDEN, NJ 08104

Mailing Address
 THIRD ST. & JEFFERSON AVE.
 CAMDEN, NJ 08104

DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number
 06-1238996

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000078097
 03/08/04-80014-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FASMAN, STEVEN
STREET ADDRESS	625 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	D
NAME	TAUB, STEPHEN G
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.
CITY-ST-ZIP	CAMDEN, NJ 08104
TITLE	V
NAME	GRACE, PETER W
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.
CITY-ST-ZIP	CAMDEN, NJ 08104
TITLE	V
NAME	VORA, PRAMATHESH S
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.
CITY-ST-ZIP	CAMDEN, NJ 08104
TITLE	V
NAME	COLLISON, LEE
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.
CITY-ST-ZIP	CAMDEN, NJ 08104
TITLE	V
NAME	GORGOL, LEON
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.
CITY-ST-ZIP	CAMDEN, NJ 08104

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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: Lee Collison 2/25/04 856-568-4019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #