


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000050764

1. Entity Name
A B MANAGEMENT SERVICES OF NEW JERSEY, INC.



Principal Place of Business 1 ISLAND PLACE 3802 NE 207TH AVENUE # 2003 AVENTURA, FL 33180	Mailing Address 3993 HUNTINGDON PIKE. SUITE 201 HUNTINGDON VALLEY, PA 19006 US
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08182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3245243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FILITI, ANTHONY J
 1 ISLAND PLACE
 3802 NE 207TH AVE #2003
 AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE

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 \$550.00
 Due by September 8, 2004**

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

**U00000170840
 08/25/04-80002-010 1100.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FILITI, ANTHONY J 3802 NE 207TH AVE #2003 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Anthony J. Filiti*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04
 Date Daytime Phone #