## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT # P95000050764**

1. Entity Name

A B MANAGEMENT SERVICES OF NEW JERSEY, INC.



FILED Jan 17, 2007 08:00 AM Secretary of State

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



DC	N	OT	WR	ITI	E IN	TH	IS:	SPA	CE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3245243

Applied For Not Applicable

5. Certificate of Status Desired

\$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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rainstating)

DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

OFFICERS AND DIRECTORS 10. TITLE FILITI, ANTHONY J NAME STREET ADDRESS 3802 NE 207TH AVE #2003 CITY-ST-ZIP MIAMI, FL 33180 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

609 -233-5887

Daytime Phone