


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90024 032 \*\*\*150.00

<b>DOCUMENT # P02000103150</b>	
1. Entity Name <b>ABB SALES CORP.</b>	

Principal Place of Business <b>9690 W SAMPLE RD STE 202 CORAL SPRINGS, FL 33065</b>	Mailing Address <b>9690 W SAMPLE RD STE 202 CORAL SPRINGS, FL 33065</b>
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**94040419**

2. Principal Place of Business <b>5085 NW 96th Way</b>	3. Mailing Address <b>5085 NW 96th Way</b>
Suite, Apt., etc.	Suite, Apt., etc.



03262004 Chg-P CR2E034 (10/03)

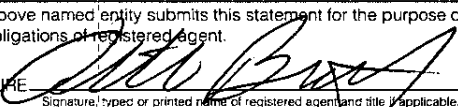
City & State <b>Coral Springs, FL</b>	City & State <b>Coral Springs, FL</b>
Zip <b>33076</b>	Country <b>US</b>
Zip <b>33076</b>	Country <b>US</b>

4. FEI Number <b>13-4213039</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SIEGELAUB, STEVEN S 9690 W SAMPLE RD STE 202 CORAL SPRINGS, FL 33065</b>	
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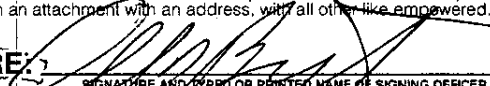
7. Name and Address of New Registered Agent Name <b>Arthur Brotsky</b> Street Address (P.O. Box Number is Not Acceptable) <b>5085 NW 96th Way</b> City <b>Coral Springs</b> FL Zip Code <b>33076</b>	
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8. The above named entity submits this statement for 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 <b>3-26-04</b>	
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BROTSHY, ARTHUR 5086 NW 96TH WAY CORAL SPRINGS, FL 33076</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Arthur Brotsky 5085 NW 96th Way Coral Springs, FL 33076</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>3/25/04</b> Daytime Phone # <b>9543412431</b>