2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 25, 2006 08:00 AN
Secretary of State

Daytime Phone #

| | | | | _ Apr z | o, zuuc |) U8:UU <i>E</i> |
|---|--|------------------------------------|---|---|---|---|
| DOCUMENT # 842981 1. Entity Name RONNIE SALES, INC. | | | | | | of State |
| Principal Place of Business Mailing Addres | | ŧ |] | | | |
| 145 BROAD AVENUE 145 BROAD AVENUE FAIRVIEW, NI 07022 FAIRVIEW, NI 07022 | | | | | | |
| (Martin, 1997) | | | 1 1 0 640 2 4018 | MENNIN ESNON I NOVO DURANT DEN | i dandari dilikat dilika dandar | |
| | and the second section with | ** | | | | |
| DO NOT WOITE IN THE COACE | | | 04202006 No Chg-P CR2E034 (11/05) | | | |
| DO NOT WRITE IN THIS SPAC | | | 4. FEI Numbe | | | Applied For |
| | | | 22-157 | | 58. | Not Applicable 75 Additional |
| Blanca and Address of Comment Taylor and Agent | | | 5. Certificate | of Status Desired | | Required |
| 6. Name and Address of Current Registered Agent | | | | | | |
| CASAS, GLORIA 10410 NW 129TH STREET | | | DO | NOT W | RITE | |
| HIALEAH GARDENS, FL 33014 | | IN THIS SPACE | | | | |
| | | | 11.4 | | AUL | |
| The above named entity submits this statement for the purpose of ch | | | | h [±] in the State of St | alda I van Laarii | and and and |
| the obligations of registered agent. | surging as reflerenen omde o | i teğisler | ed agent, or bot | n_in tile State OFFIC | arda. Tam rasum | ar war, and accept |
| SIGNATURE | (NOTE: Registered Agent signal | tuře required | l when reinstaling) | • | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution. | | | U00000533268 05/06/06-80117-009 150.00 | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | * |
| NAME STREET ADDRESS CITY-ST-ZIP N BERGEN, NJ | Shen | | | | | |
| IIILE SD | | | | | | |
| NAME COHEN, MERCY STREET ADDRESS 8200 BLVD E | | | | | | |
| CITY-ST-ZIP N BERGEN, NJ | | | | | | |
| TITLE D NAME MILLMAN, NEIL | | | | | | |
| STREET ADDRESS 115 OLD MILL RD | | | DO | NOT W | RITE | |
| CITY-ST-ZIP GREAT NECK, NY | ····· | | | | | |
| NAME | | | IN | THIS SF | ACE | |
| STREET ADDRESS CITY-SI-ZIP | | | | | | |
| TIFLE | | | | ٠ | •• | |
| NAME | • | | | | | |
| STREET ADDRESS GRY-ST-ZIP | | | | | | |
| TITLE | 18 (18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | - | | v = | e e e e e e e e e e e e e e e e e e e |
| NAME STREET ADDRESS | [| | | | | |
| City-ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like empowered. | qualify for the exemptions of and that my signature shall this report as required by Chappy and the control of | contained nave the apter 607 | i in Chapter 119 same legal effec , Florida Statute | , Florida Statutes. I t as if made under s; and that my nam | further certify the cath; that I am ar e appears in Blo | at the information officer or director ok 10 or Block 11 if |