


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F33046		
1. Entity Name S. J. ABERMAN AND CO., INC.		
Principal Place of Business 2170 WEST 10TH AVENUE HIALEAH, FL 33010	Mailing Address 2170 WEST 10TH AVENUE HIALEAH, FL 33010	
DO NOT WRITE IN THIS SPACE		



06072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2051724	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 ABERMAN, DOROTHY 2170 WEST 10TH AVENUE HIALEAH, FL 33010	DO NOT WRITE IN THIS SPACE
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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 reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		U00000162571 06/14/04-80004-020 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABERMAN, SHELDON J 2170 WEST 10TH AVENUE HIALEAH, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ABERMAN, DOROTHY 2170 WEST 10TH AVENUE HIALEAH, FL 33010	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Sheldon J. Aberman Sheldon Aberman 6.9.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #