2005 FOR PROFIT CORPORATION

Apr 04, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # G38989** 04-04-2005 90052 023 ***150.00 A & B TRADING COMPANY OF STUART, INC. Principal Place of Business Mailing Address 3570 S.E. DIXIE HWY. 3570 S.E. DIXIE HWY. STUART, FL 34997-5245 US STUART, FL 34997-5245 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2307964 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KATZ, MARTIN M 3570 S.E. DIXIE HWY. STUART, FL 34997 Tensen Beach 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 the obligations of registered agent. SIGNATURE (NOTE; Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PVST** TITLE ☐ Addition ☐ Delete TITLE **የ**ሶሩ 5 NAME KATZ, MARTIN M NAME Kenneth Moud STREET ADDRESS 10044 S. OCEAN DR., #1201 STREET ADDRESS 1382728 CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Addition ☐ Change KATZ, MARTIN M NAME NAME 10044 S. OCEAN DR., #1201 STREET ADORESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Detete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ 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 attachapent with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY ST. 7P TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete