


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90196 021 ***550.00

DOCUMENT # P01000029336			
1. Entity Name ABC WAREHOUSE & STORE FIXTURES INC.			
Principal Place of Business 6500 POWERLINE RD. FT. LAUDERDALE, FL 33309		Mailing Address 6500 POWERLINE RD. FT. LAUDERDALE, FL 33309	
2. Principal Place of Business 1501 NW 12 Ave Suite, Apt. #, etc.		3. Mailing Address 1501 NW 12 Ave Suite, Apt. #, etc.	
City & State Pompano Beach Fl.		City & State Pompano Beach Fl.	
Zip 33069		Zip 33069	
Country Broward		Country Broward	
4. FEI Number 65-1088652		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOROTA, JOSEPH 6500 POWERLINE RD. FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Joseph Sorota</u> DATE: <u>5-1-05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOROTA, JOSEPH 6500 POWERLINE RD. FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Joseph Sorota</u>		Date: <u>5-12-05</u> Phone #: <u>954-783-0700</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	