2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)						FILED May 01, 2006 8:00 am Secretary of State	
DOCUMENT # P01000029336 1. Entity Name						<b>Secretary of State</b> 05-01-2006 90316 016 ***150.00	
ABC WAREHOUSE & STORE FIXTURES INC.					03-01-2008 90318 018 ***130.00		
Principal Plac	e of Busines	s	Mailing Addres	Mailing Address		-	
1501 NW 12 AVE. POMPANO BEACH FL 33069				1501 NW 12 AVE. POMPANO BEACH FL 33069			
2. Principal P	lace of Busin	1655	<ol> <li>Mailing Addr</li> </ol>	ress			
Suite, Apt. #, etc.			Suite, Apt. #,	etc.		1st MOORE CR2E034 (10/05)	
City & State			City & State	City & State		4. FEI Number 65-1088652 Applied For Not Applicable	
Zip		Country	Zip	·	intry	5. Certilicate of Status Desired  S8.75 Additional  Fee Required	
	6. Name	and Address of Curr	ent Registered Agent		Name 🔿	7. Name and Address of New Registered Agent	
650		rline RD.				NAL, JOSeph iss (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33309					NW 12 Ave		
Pempano Beach. FL Zip Cade 3301							
	e named entit tions of regist		nt for the purpose of ch	nanging its registe	ered office or rec	istered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE							
- After	May 1, 200	II FEE IS \$150.00 D6 Fee Will Be \$550 o Florida Departmen	).00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		OFFICERS A	ND DIRECTORS	11	l	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D SOROTA,					Saraha, Joseph Datage Addition	
STREET ADDRESS CITY-ST-ZIP	6500 POW	ERLINE RD. ERDALE FL 33309		ST	1	SOL NW 12 Ave Bon Down Beach (1 33069	
THILE				Delete TI	TLE	Change Addition	
NAME STREET ADDRESS CHY-ST-ZIP				, st	ME REET ADDRESS TY - ST- ZIP		
THUE	1			Dalote 11	TLE	Change 🔲 Addition	
NAME Street address City-st-zip				ST	AME REET ADDRESS TY - ST - ZIP		
TITLE	1	<b>..</b>		Delete Ti	TLE	Change 🗋 Addition	
NAME STREET ADDRESS					AME REET ADDRESS		
CITY-ST-ZIP					TY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				N/ S1	TLE Ame Ireet adoress TY-st-zip	Change CAddition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				N/ 51	TLE AME IREET ADDRESS ITY - ST - ZIP	Change C Addition	
indicated of the co	d on this repo prporation or ed, or on an	ort or supplemental rep the receiver or trustee attachment with an ac	ort is true and accurate	e and that my sign te this report as re te empowered.	nature shall have quired by Chap	tained in Section 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 Date Dation Dation	