

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90092 021 ***150.00

DOCUMENT # P01000110247

1. Entity Name
A.E.B.M. PRODUCTS, INC.



Principal Place of Business
**20355 NE, 34CT
APT. 626
AVENTURA, FL 33180**

Mailing Address
**20355 NE, 34CT
APT. 626
AVENTURA, FL 33180**



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3848123

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEER, RIVKA
3530 MYSTIC POINTE DR
APT. 3102
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEER, RIVKA
STREET ADDRESS	3530 MYSTIC POINTE DR.
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	D
NAME	BEER, AARON
STREET ADDRESS	20355 N.E. 34 CT.
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	D
NAME	BEER, ORNA
STREET ADDRESS	3530 MYSTIC POINTE DR.
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	D
NAME	BEER, NUSEN
STREET ADDRESS	3530 MYSTIC POINTE DR.
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #