

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000110247

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

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20355 NE, 34CT  
APT. 626  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20355 NE, 34CT  
APT. 626  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 22-3848123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BEER, RIVKA  
Address: 3530 MYSTIC POINTE DR.  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: BEER, AARON  
Address: 20355 N.E. 34 CT.  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: BEER, NUSEN  
Address: 3530 MYSTIC POINTE DR.  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AARON BEER

DR

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date