


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000022833</b> 1. Entity Name E.A.B. SALES, INC.	
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Principal Place of Business 4310 SHERIDAN ST., #202 HOLLYWOOD, FL 33021	Mailing Address 4310 SHERIDAN ST., #202 HOLLYWOOD, FL 33021
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**DO NOT WRITE IN THIS SPACE**



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0543300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BURTON, ANDRE S 4310 SHERIDAN ST., #202 HOLLYWOOD, FL 33021	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD BEZERRA, EURIPEDES 4310 SHERIDAN ST., #202 HOLLYWOOD, FL 33021
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05/06/05-80025-010 150.00

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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)(f), 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:** Euripedes Alves Bezerra 5/1/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #