2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90099 031 ***158.75

DOCUMENT # P19695

1. Entity Name
ABS DEVELOPMENT CORPORATION

50057370

Principal Place of Business	Mailing Address
1995 BROADWAY 1200 NEW YORK, NY 10023	1995 BROADWAY 1200 NEW YORK, NY 10023

07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2717894
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOHN, DAVID
7915 VERSILIA DR.
ORLANDO, FL 32836

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 _____ 7/15/05
Signature, typed or printed name of registered agent and title if applicable. (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	P
NAME	GUERON, DAN
STREET ADDRESS	1995 BROADWAY #1200
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	S
NAME	JONAKOVA, STANISLAVA
STREET ADDRESS	1995 BROADWAY #1200
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	SCHIFF, AKIVA
STREET ADDRESS	1995 BROADWAY #1200
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	GUERON, HAIM
STREET ADDRESS	1995 BROADWAY #1200
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	NUSBAUM, RAMI
STREET ADDRESS	1995 BRAODWAY #1200
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	~~RUBIN, HAIM~~ MESHORER LIPA
STREET ADDRESS	1995 BROADWAY #1200
CITY-ST-ZIP	NEW YORK, NY 10023

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: