

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90018 031 ***158.75

DOCUMENT # P19695

1. Entity Name
ABS DEVELOPMENT CORPORATION



Principal Place of Business

**1995 BROADWAY
1200
NEW YORK, NY 10023**

Mailing Address

**1995 BROADWAY
1200
NEW YORK, NY 10023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006

Chg-P

CR2E034 (11/05)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUERON, DAN	
STREET ADDRESS	1995 BROADWAY #1200	
CITY-ST-ZIP	NEW YORK, NY 10023	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONAKOVA, STANISLAVA	
STREET ADDRESS	1995 BROADWAY #1200	
CITY-ST-ZIP	NEW YORK, NY 10023	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIFF, AKIVA	
STREET ADDRESS	1995 BROADWAY #1200	
CITY-ST-ZIP	NEW YORK, NY 10023	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERON, HAIM	
STREET ADDRESS	1995 BROADWAY #1200	
CITY-ST-ZIP	NEW YORK, NY 10023	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUSBAUM, RAMI	
STREET ADDRESS	1995 BROADWAY #1200	
CITY-ST-ZIP	NEW YORK, NY 10023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, HAIM	
STREET ADDRESS	1995 BROADWAY #1200	
CITY-ST-ZIP	NEW YORK, NY 10023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPA MESHORER	
STREET ADDRESS	1995 BROADWAY #1200	
CITY-ST-ZIP	NEW YORK NY 10023	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: