

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P28557

1. Entity Name
ADVANCED BRANDS & IMPORTING CO., INC.



Principal Place of Business
360 HAMILTON AVENUE, STE. 1103
10TH FLR
WHITE PLAINS, NY 10601

Mailing Address
360 HAMILTON AVENUE, STE. 1103
10TH FLR
WHITE PLAINS, NY 10601

FILED

07 APR -4 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



63292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2717661

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMAS, ANDREW J
STREET ADDRESS 360 HAMILTON AVENUE, STE. 1103
CITY-ST-ZIP WHITE PLAINS, NY 106011103

TITLE S
NAME KINCH, JULIE
STREET ADDRESS 360 HAMILTON AVENUE, STE. 1103
CITY-ST-ZIP WHITE PLAINS, NY 106011103

TITLE P
NAME SULLIVAN, DANIEL
STREET ADDRESS 360 HAMILTON AVE STE 103
CITY-ST-ZIP WHITE PLAINS, NY 106011103

TITLE T
NAME SULLIVAN, DANIEL J
STREET ADDRESS 360 HAMILTON AVE, STE 1103
CITY-ST-ZIP WHITE PLAINS, NY 10601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000096382130
04/11/07--01005--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2007

Date

Daytime Phone #