2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2005 08:00 AM Secretary of State DOCUMENT # P95000004417 1. Entity Name A & B SALES, INC. Principal Place of Business Mailing Address 1664 COLLINS AVE. MIAMI BEACH FL 33139 1664 COLLINS AVE. MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0603529 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEHAR, BAROUH Street Address (P.O. Box Number is Not Acceptable) 1810 DAYTONIA RD MIAMI FL 33141 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, DP Change TITLE Delete TITLE ☐ Addition NAME BEHAR, BAROUH NAME STREET ADDRESS 1810 DAYTONIA RD STREET ADDRESS U000000266131 MIAMI FL 33141 CITY-ST-ZIP C-1Y-51-7P 150.00 □ Change <u> 47705-90017</u> Addition Delete HIEF NAME NAME STREET ADDRESS SUBJECT ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition TITLE Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THELE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11 Y-S1-ZIP

12. I hereby certify that the information supplied with this filling 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.

Barouk Belian BAROUH BEHAR PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED