# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000050764

**1.** Entity Name
A B MANAGEMENT SERVICES OF NEW JERSEY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1 ISLAND PLACE<br>3802 NE 207TH AVENUE # 2003<br>AVENTURA, FL 33180 | 3993 HUNTINGDON PIKE.<br>SUITE 201<br>HUNTINGDON VALLEY, PA 19006   US |

**DO NOT WRITE IN THIS SPACE**

08182004     No Chg-P     CR2E034 (10/03)

| **4.** FEI Number | Applied For |
|---|---|
| 22-3245243 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

FILITI, ANTHONY J
1 ISLAND PLACE
3802 NE 207TH AVE #2003
AVENTURA, FL 33180

**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 $550.00**
**Due by September 8, 2004**

**9.** Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000170840
08/25/04-80002-010  1100.00

**10.**                    OFFICERS AND DIRECTORS

| TITLE | P |
|---|---|
| NAME | FILITI, ANTHONY J |
| STREET ADDRESS | 3802 NE 207TH AVE #2003 |
| CITY-ST-ZIP | MIAMI, FL 33180 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

**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: _Anthony J Filiti_       8/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       Date       Daytime Phone #