

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90389 029 \*\*\*150.00

**DOCUMENT # P95000057832**

1. Entity Name  
**BAB N.Y. INVESTMENT, CORP.**



40051846

Principal Place of Business  
**18090 COLLINS AVENUE  
SUITE #104  
SUNNY ISLES BEACH, FL 33160 US**

Mailing Address  
**18090 COLLINS AVENUE  
SUITE #104  
SUNNY ISLES BEACH, FL 33160 US**

2. Principal Place of Business  
**1835 E. HALLANDALE BLVD.**

3. Mailing Address  
**1835 E. HALLANDALE BLVD.**

Suite, Apt. #, etc.  
**S20**

Suite, Apt. #, etc.  
**S20**

04012006 Chg-P CR2E034 (11/05)

City & State  
**HALLANDALE BEACH**

City & State  
**HALLANDALE BEACH**

4. FEI Number  
**65-0600750**

Applied For  
Not Applicable

Zip  
**33009**

Country  
**USA**

Zip  
**33009**

Country  
**USA**

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

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

**VEIT, FRANK  
18090 COLLINS AVE. #104  
SUNNY ISLES BEACH, FL 33160**

**7. Name and Address of New Registered Agent**

Name  
**VEIT, FRANK**

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

**1835 E. HALLANDALE BLVD. # 520**

City  
**HALLANDALE BEACH FL**

Zip  
**33009**

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 **FRANK VEIT**

**4/15/06**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**P**  
NAME  
**SCHICKER, VOLKMAR DR**  
STREET ADDRESS  
**18090 COLLINS AVE. #104**  
CITY-ST-ZIP  
**SUNNY ISLES BEACH, FL 33160**

☒ Delete

TITLE  
**P**  
NAME  
**SCHICKER, VOLKMAR, DR.**  
STREET ADDRESS  
**SPIEGELGASSE 19**  
CITY-ST-ZIP  
**1010 WIEN / AUSTRIA**

☒ Change ☐ Addition

TITLE  
**VP**  
NAME  
**SCHICKER, HEIDE**  
STREET ADDRESS  
**18090 COLLINS AVE. #104**  
CITY-ST-ZIP  
**SUNNY ISLES BEACH, FL 33160**

☒ Delete

TITLE  
**VP**  
NAME  
**SCHICKER, HEIDE**  
STREET ADDRESS  
**SPIEGELGASSE 19**  
CITY-ST-ZIP  
**1010 WIEN / AUSTRIA**

☒ Change ☐ Addition

TITLE  
**S**  
NAME  
**VEIT, FRANK**  
STREET ADDRESS  
**18090 COLLINS AVE. #104**  
CITY-ST-ZIP  
**SUNNY ISLES BEACH, FL 33160**

☒ Delete

TITLE  
**S**  
NAME  
**VEIT, FRANK**  
STREET ADDRESS  
**1835 E. HALLANDALE BLVD. # 520**  
CITY-ST-ZIP  
**HALLANDALE BEACH, FL**

☒ Change ☐ Addition

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

☐ Delete

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
**33009**

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **FRANK VEIT, Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/06 305-444-6700**