

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000057832**

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



Principal Place of Business  
**1835 EAST HALLANDALE BLVD  
SUITE 520  
HALLANDALE BEACH, FL 33009 US**

Mailing Address  
**1835 EAST HALLANDALE BLVD  
SUITE 520  
HALLANDALE BEACH, FL 33009 US**



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0600750**

Applied For  
Not Applicable

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

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

**VEIT, FRANK  
1835 EAST HALLANDALE BLVD  
SUITE 520  
HALLANDALE BEACH, FL 33009**

**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	P
NAME	SCHICKER, VOLKMAR DR
STREET ADDRESS	SPIEGEL GASSE 19
CITY-ST-ZIP	WEIN, AU 1010
TITLE	VP
NAME	SCHICKER, HEIDE
STREET ADDRESS	SPIEGEL GASSE 19
CITY-ST-ZIP	WEIN, AU 1010
TITLE	S
NAME	VEIT, FRANK
STREET ADDRESS	1835 EAST HALLANDALE BLVD SUITE 520
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/07-80041-020 150.00

**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

Date

Daytime Phone #

*Charles* / **SCHICKER VOLKMAR DR. 03.07.07.**

305-444-6700