2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P95000085634 02-01-2005 90024 038 ***150.00 1. Entity Name A & B SALES CORP. OF PALM BEACH, INC. Principal Place of Business Mailing Address 420 WEST 42 STREET 12189 N US HWY ONE 19 F **STE 48** NEW YORK, NY 10036 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2F034 (10/03) Chg-P 4 FELNumber Applied For City & State City & State 65-0627530 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHIMMEL, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 3829 NEWHAVEN LAKE DR WELLINGTON, FL 33467 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees : OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Delete TITLE _ 1 111 BALIK, ARTHUR NAME NAME STREET ADDRESS 2187 MARSEILLE DRIVE STREET ADDRESS PALM BEACH GARDENS, FL 334101279 CITY-ST-ZIP CITY-ST-ZIP 01425 Change ☐ Detete BALIK, BARBARA NAME NAME 2187 MARSEILLE DRIVE STREET ADDRESS 13853 Rwoll Drive Palm Boach Garlous STREET ADORESS PALM BEACH GARDENS, FL 334101279 CITY-ST-ZIP 32410 ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TILLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TIME ☐ Defete TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this liling 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.

FILED

Feb 01, 2005 8:00 am