

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000085634

1. Entity Name

A & B SALES CORP. OF PALM BEACH, INC.



Principal Place of Business

12189 N US HWY ONE
STE 48

NORTH PALM BEACH, FL 33408 US

Mailing Address

420 WEST 42 STREET
19 F

NEW YORK, NY 10036



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0627530

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHIMMEL, ARNOLD
3829 NEWHAVEN LAKE DR
WELLINGTON, FL 33467

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME BALIK, ARTHUR
STREET ADDRESS 13853 RIVOLI DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VSD
NAME BALIK, BARBARA
STREET ADDRESS 13853 RIVOLI DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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1100000383035
01/12/06-80039-003 150.00

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 #

ARTHUR BALIK ARTHUR BALIK 1/9/06 561-625-1635