

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000000067

1. Entity Name
ABE'S WHOLESALE, INC.



Principal Place of Business
**%ALAN FISHMAN
2301 W. SAMPLE RD., BLDG 4, STE 1A
POMPANO BEACH, FL 33073**

Mailing Address
**%ALAN FISHMAN
2301 W. SAMPLE RD., BLDG 4, STE 1A
POMPANO BEACH, FL 33073**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0908703

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

**FISHMAN, ALAN
2301 W. SAMPLE ROAD
BLDG. 4, STE. 1A
POMPANO BEACH, FL 33073**

**DO NOT WRITE
IN THIS SPACE**

5. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**U00000102024
04/02/04-80037-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
FREEMAN, STANLEY
%ALAN FISHMAN, 2301 W SAMPLE RD, 4-1A
POMPANO BEACH, FL 33073**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stanley R Freeman **3/24/04** **954 8182984**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #