

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049015

Entity Name: AB STYLES, INC.

FILED
Apr 09, 2004
Secretary of State

Current Principal Place of Business:

1739 NW BOCA RATON BLVD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1739 NW BOCA RATON BLVD
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0935262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDIS, SYLVIA
605 SW 8 TEWRR
FORT LAUDERDALE, FL 33315

Name and Address of New Registered Agent:

LAWRENCE, BENSON
1739 NW BOCA RATON BLVD
BOCA RATON, FL 33432

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.

SIGNATURE: LAWRENCE BENSON

04/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDIS, SYLVIA
Address: 605 SW 8 TERR
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP () Delete
Name: BENSON, LAWRENCE
Address: 18899 LACOSTA LN
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE BENSON

VP

04/09/2004

Electronic Signature of Signing Officer or Director

Date