


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002524
1. Entity Name
ABBE LABORATORIES, INC.



Principal Place of Business: 1095 ROUTE 110 UNIT E-F, FARMINGDALE, NY 11735
Mailing Address: 1095 ROUTE 110 UNIT E-F, FARMINGDALE, NY 11735

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02022005 No Chg-P CR2E034 (10/03)

4. FEI Number: 11-3039717 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POSNER, ELEANOR
3000 N. OCEAN AVE
SINGER ISLAND, FL 33404

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	POSNER, ELEANOR
STREET ADDRESS	3000 N. OCEAN AVENUE
CITY - ST - ZIP	SINGER ISLAND, FL 33404
TITLE	V
NAME	POSNER, ROBERT
STREET ADDRESS	3000 N. OCEAN AVENUE
CITY - ST - ZIP	SINGER ISLAND, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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)(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.

SIGNATURE: Eleanor Posner Date: 2/18/05 Daytime Phone #: 631 7562223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR