


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000002855	
1. Entity Name 452 WYCKOFF CORP.	

Principal Place of Business 100 MERRICK ROAD SUITE 202E ROCKVILLE CENTRE, NY 11570	Mailing Address 100 MERRICK ROAD SUITE 202E ROCKVILLE CENTRE, NY 11570
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02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2623082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDEL, BERNARD
 52 NORTHWOODS LANE
 BOYNTON BEACH, FL 33436

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	TEDESCO, ADAM
STREET ADDRESS	164 PEBBLE LANE
CITY-ST-ZIP	HEWLETT, NY 11557
TITLE	S
NAME	TEDESCO, ABBY
STREET ADDRESS	11 BIARRITZ STREET
CITY-ST-ZIP	LIDO BEACH, NY 11561
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 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:  Adam Tedesco, Pres. 2/2/07 (516) 536-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #