


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 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**



01312008 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 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANDEL, BERNARD
 52 NORTHWOODS LANE
 BOYNTON BEACH, FL 33436**

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)

02/12/08-80054-004 150.00

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	

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: *Adam Tedesco, Pres.* **Adam Tedesco, Pres.** 1/31/08 **1/31/08** (516) 536-8500 **(516) 536-8500**

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