FILED 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** Mar 02, 2006 08:00 AN DOCUMENT # H57437 **Secretary of State** 1. Entity Name ABCO ELECTRIC, INC. Principal Place of Business Mailing Address 2150-52 NW 19 AVE 2150-52 NW 19 AVE MIAMI, FL 33142-7448 US MIAMI, FL 33142-7448 US 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2550730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAGADI, ALBERTO DO NOT WRITE 2150-52 NW 19 AVE. MIAMI, FL 33142 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME BAGDADI, ALBERTO STREET ADDRESS 2480 NE 202 ST U00000452980 03/14/06-80001-019 158.75 CITY-SY-ZIP N. MIAMI BEACH, FL ME TS BAGDADI, REBECA NAME STREET ADDRESS 2480 NE 202 ST CITY-ST-ZIP N MIAMI BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: 1

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

X 2-27-06 345 326-675 Dayline Phone +