

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H57437	
1. Entity Name ABCO ELECTRIC, INC.	

Principal Place of Business 2150-52 NW 19 AVE MIAMI, FL 33142-7448 US	Mailing Address 2150-52 NW 19 AVE MIAMI, FL 33142-7448 US
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2550730	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAGDADI, ALBERTO 2150-52 NW 19 AVE. MIAMI, FL 33142	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		U00000827411 02/21/08-80089-013 158.75 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAGDADI, ALBERTO 2480 NE 202 ST N. MIAMI BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BAGDADI, REBECA 2480 NE 202 ST N MIAMI BEACH, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: <i>Alberto Bagdadi</i>	2-12-08	305-326-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #