


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

| | | | | | |
|---|---|---------------------|---|--|--|
| DOCUMENT # 522264 1. Entity Name ABRAHAM ANTENNA SERVICE INCORPORATED | | | |  | |
| Principal Place of Business 2326 N.W. 3RD ST., MIAMI FL 33125 | | | Mailing Address 2326 N.W. 3RD ST., MIAMI FL 33125 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1751867 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACOBS, WARREN 7600 RED ROAD, SUITE 229 CORAL GABLES FL 33143 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ <small>(NOTE: Registered Agent must sign when required)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ABRAHAM, PEDRO 2326 NW 3RD ST., MIAMI FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1100000807697 02/07/08-80019-006 158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ABRAHAM, ELVIRA 2326 NW 3RD ST., MIAMI FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-08 305-6428070