2008 FOR PROFIT CORPORATION

SIGNATURE:

Jan 14, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F06000003172** 01-14-2008 90107 006 ***158.75 ABCO MAINTENANCE, INC. 40003621 Mailing Address Principal Place of Business 834 MORROW ST. 834 MORROW ST. STATEN ISLAND, NY 10303 STATEN ISLAND, NY 10303 3. Mailing Address 1784 RICHMON 2. Principal Place of Business - No P.O. Box # <u>1784 KKKMOND</u> TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc 01102008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For STATEN STATEN 13-3146937 Not Applicable Counto \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE, FL 32301 Zip Code 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) 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. \Box After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition VIRGA, DOLORES NAME NAME STREET ADDRESS 400 WOODDALE AVE. STREET ADDRESS CITY-ST-ZIP STATEN ISLAND, NY 10301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 repersor of 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 attach

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