2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 21, 2006 08:00 AM DOCUMENT # F93000005433 **Secretary of State** t. Entity Name GILSTON ELECTRICAL CONTRACTING CORP. Principal Place of Business Mailing Address 338 EAST 95TH ST. 338 EAST 95TH ST. NEW YORK NY 10128 NEW YORK NY 10128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEt Number 13-3059757 Not Applicat Country Country \$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 SPITZER, GLADYS Street Address (P.O. Box Number is Not Acceptable) 9810 ARBOR VIEW DRIVE SOUTH **BOYNTON BEACH FL 33437** Zio Code City 5. 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and hito it applicable. (NDTE: Registored Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Additi: me ☐ Delete BRE 000000443040 NAME GILSTON, MARVIN NAME 03/04/06-80044-022 150.00 STREET ADDRESS STREET ADDRESS 7 WEST BIST ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10024 Addis-Change ☐ Delete TITLE TITLE DAME MAME GILSTON, CRAIG STREET ADDRESS STREET ADDRESS 535 E 86TH ST CHY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10128 TT Change The Action TITLE Oelelo TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change At an ☐ Detete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS E174-31-ZIP CITY-ST-ZIP □ A. **** ☐ Change ☐ Delete TITLE NAME SMAIR STREET ADDRESS STREET ADDRESS C17Y-\$7-21P C35Y-S1-33P Add ... ☐ Delete Change THEE TITLE NAME MAM STREET ADDRESS STREET ADDRESS CHTY - ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 a statutes, with all other like empowered.

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