

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000030922

1. Entity Name
ABM C24 INC.



Principal Place of Business

**6073 NW 167 STREET
SUITE C-24
MIAMI, FL 33015 US**

Mailing Address

**6073 NW 167 STREET
SUITE C-24
MIAMI, FL 33015 US**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0453504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SINGER, BARRY
6073 NW 167 STREET
SUITE C-24
MIAMI, FL 33015**

**DO NOT WRITE
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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PRES
SINGER, BARRY
6073 NW 167 STREET, SUITE C-24
MIAMI, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TREA
MANDEL, ALAN
6073 NW 167 STREET, SUITE C-24
MIAMI, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SEC
MANDEL, ALAN
6073 NW 167 STREET, SUITE C-24
MIAMI, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

UN0000463013
03/21/06-80060-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/25/2006

Date

Daytime Phone #