


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2008 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
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02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0453504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/08-800003-019 150.00

**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 lists empowered.

SIGNATURE: *Barry Singer* **4/21/08** **305-620-0020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #