


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000100509  
 1. Entity Name  
 ABCON ELECTRIC, INC.



Principal Place of Business      Mailing Address  
 5425 NW 177 TERRACE      5425 NW 177 TERRACE  
 MIAMI, FL 33055 US      MIAMI, FL 33055 US

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0717516      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BURGESS, REYNOLD A  
 5425 NW 177 TERRACE  
 MIAMI, FL 33055

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

**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	PD
NAME	BURGESS, REYNOLD A
STREET ADDRESS	5425 NW 177 TERRACE
CITY- ST- ZIP	MIAMI, FL 33055
TITLE	P
NAME	BURGESS, REYNOLD
STREET ADDRESS	5425 NW 177 TERR
CITY- ST- ZIP	MIAMI, FL 33055
TITLE	P
NAME	BURGESS, REYNOLD
STREET ADDRESS	5425 NORTHWEST 177 TERRACE
CITY- ST- ZIP	MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

400000390172  
 01/23/06-80017-006 158.75

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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: Reynold Burgess      x 1 - 11 - 06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #