

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
RECEIVED
Secretary of State
JAN 19 2005

**ELECTRICAL PRODUCTS
SALES CORP.**



1st MOORE CR2E034 (10/04)

DOCUMENT # J32300 1. Entity Name ELECTRICAL PRODUCTS SALES CORP.					
Principal Place of Business % PHILIP J. KANDELL 1333 S.W. 30TH AVE. DEERFIELD BCH. FL 33442			Mailing Address % PHILIP J. KANDELL 1333 S.W. 30TH AVE. DEERFIELD BCH. FL 33442		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 22-1456211			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KANDELL, PHILIP J. 1333 S.W. 30TH AVE. DEERFIELD BCH. FL 33442			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL 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 <i>P. Kandell</i>		DATE 1/24/05			
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. KANDELL, PHILIP J. 1333 S.W. 30TH AVE. DEERFIELD BCH. FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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01/27/05-80023-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *P. Kandell* **1/24/05 954-428-1788**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #