

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L43347 1. Entity Name AIR & ELECTRIC DEPOT, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 9130 NW S. RIVER DR. MEDLEY FL 33166 | Mailing Address 9130 NW S. RIVER DR. MEDLEY FL 33166 |
|--|--|



| | | |
|--------------------------------|---------------------|-----|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |
| Country | Country | |

1st MOORE CR2E034 (10/05)

| | |
|---|--|
| 4. FEI Number 65-0169662 | 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

MARTINEZ, MIRIAM
9130 NW S. RIVER DR.
MEDLEY FL 33166

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|--------------------------|---------------------------------|
| TITLE | P | |
| NAME | MARTINEZ, MIRIAM | <input type="checkbox"/> |
| STREET ADDRESS | 9130 N.W. SOUTH RIVER DR | |
| CITY - ST - ZIP | MIAMI FL 33166 | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | CALVO, JOSE | <input type="checkbox"/> |
| STREET ADDRESS | 9130 N.W. SOUTH RIVER DR | |
| CITY - ST - ZIP | MIAMI FL 33166 | |
| TITLE | S | <input type="checkbox"/> |
| NAME | CALVO, JOANNY | <input type="checkbox"/> |
| STREET ADDRESS | 9130 N.W. SOUTH RIVER DR | |
| CITY - ST - ZIP | MIAMI FL 33166 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Address |
|---|---------------------------|---------------------------------|----------------------------------|
| TITLE | U00000532623 | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | 05/06/06-80093-008 150.00 | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Miriam Martinez *Miriam Martinez* 4/3/06 305-884-8206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #