

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90177 021 \*\*\*150.00

**DOCUMENT # P02000134758**

1. Entity Name  
**STATEWIDE ELECTRICAL SUPPLY INC.**



Principal Place of Business Mailing Address

~~7588 W 33RD LANE~~ ~~7588 W 33RD LANE~~  
~~HIALEAH, FL 33018~~ ~~HIALEAH, FL 33018~~

**24071980**



2. Principal Place of Business 3. Mailing Address

**12937 W. DRECHADEE RD** **12937 W. DRECHADEE RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**BAY #4** **BAY #4**

03232004 Chg-P CR2E034 (10/03)

City & State City & State

**HIALEAH GARDENS, FL** **HIALEAH, FL**

4. FEI Number Applied For

**06-1667285** Not Applicable

Zip Country Zip Country

**33018** **33018**

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

6. Name and Address of Current Registered Agent

**MELO, NELSON J**  
**7588 W 33RD LANE**  
**HIALEAH, FL 33018**

7. Name and Address of New Registered Agent

Name **MELO NOEL J.**  
 Street Address (P.O. Box Number is Not Acceptable) **7588 W. 33RD LANE**  
 City **HIALEAH** FL Zip Code **33018**

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, 2004 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	PVD MELO, NELSON 7588 W 33RD LANE HIALEAH, FL 33018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FERNANDEZ, IDANIA 7588 W 33RD LANE HIALEAH, FL 33018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D MELO NOEL 7588 W. 33RD LANE HIALEAH, FL 33018 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **3/22/04** DAYTIME PHONE #: **305-592-6965**