


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000025710

1. Entity Name
ELECTRICAL AND MECHANICAL POWER RESOURCES, INC.



Principal Place of Business 1400 SALZEDO ST. #404 CORAL GABLES, FL 33134 US	Mailing Address 1400 SALZEDO ST. #404 CORAL GABLES, FL 33134 US
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04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0572466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, RAFAEL
 1400 SALZEDO ST., #404
 CORAL GABLES, FL 33134

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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, 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 NAME STREET ADDRESS CITY - ST - ZIP	P CORTEZ, GARCIA, MERCEDES 1400 SALZEDO ST., #404 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARCIA, JORGE 1400 SALZEDO ST., #404 CORAL GABLES, FL 33134
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 05/13/06-80091-025 150.00

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12. I hereby certify that the information supplied with this filing does not contain any information that is false or misleading, and 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 807, 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: Jorge Garcia V.P. Date: 4/26/06 Daytime Phone #: 954 680 6344

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR