

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90083 002 \*\*\*150.00

DOCUMENT # P97000026047  
 1. Entity Name  
 STATE POWER & ELECTRIC, INC.



Principal Place of Business: 2088 NW 79 MIAMI, FL 33122  
 Mailing Address: 2088 NW 79 MIAMI, FL 33122

50008500

2. Principal Place of Business: 2088 NW 79 AVE  
 Suite, Apt. #, etc.  
 3. Mailing Address: PO Box 11093  
 Suite, Apt. #, etc.



01242005 Chg-P CR2E034 (10/03)

City & State: MIAMI, FL  
 Zip: 33122 Country: USA  
 City & State: HIALEAH, FL  
 Zip: 33011 Country: USA

4. FEI Number: 65-0738218 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PEREZ, ANGEL L  
 2088 NW 79 AVE  
 MIAMI, FL 33122

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: *[Signature]* PRESIDENT DATE: 1-27-05  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: PEREZ, ANGEL L STREET ADDRESS: <del>44310 LAKE CHILDS CT</del> P.O. Box 11093 CITY-ST-ZIP: MIAMI LAKES, FL 33014 HIALEAH, FL 33011	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE: 1-27-05 DAYTIME PHONE: 784-251-8009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR