


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90022 042 ***158.75

DOCUMENT # P97000027392

1. Entity Name
 Florida Electrical Contractors, Inc.



Principal Place of Business Mailing Address

54061459



2. Principal Place of Business
 14378 SW 139 CT

3. Mailing Address
 Same as Principal

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
 Miami, Florida

City & State

Zip
 33186

Country
 USA

Zip Country

05182004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0739232

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 Antonio Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
 15122 SW 146 Ave

City
 Miami

FL Zip Code
 33186

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 Antonio Gonzalez DATE 7/2/04

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 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD Gonzalez, Antonio	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Antonio		NAME		
STREET ADDRESS	15122 SW 146 Ave		STREET ADDRESS		
CITY-ST-ZIP	Miami FL. 33186		CITY-ST-ZIP		
TITLE	VD Gonzalez, Jose A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Jose A		NAME		
STREET ADDRESS	14921 SW 104 ST #106		STREET ADDRESS		
CITY-ST-ZIP	Miami FL. 33196		CITY-ST-ZIP		
TITLE	STD Grasso Zoila T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grasso Zoila T		NAME		
STREET ADDRESS	15122 SW 146 Ave		STREET ADDRESS		
CITY-ST-ZIP	Miami FL. 33186		CITY-ST-ZIP		
TITLE	D Jimenez, Omar	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimenez, Omar		NAME		
STREET ADDRESS	11355 SW 2 ST #410		STREET ADDRESS		
CITY-ST-ZIP	Miami FL. 33174		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Antonio Gonzalez DATE 7/2/04 DAYTIME PHONE # (305) 254-2189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR