


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000007163 1. Entity Name MYLES' ELECTRIC MOTORS & PUMPS, INC.	
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Principal Place of Business 3101 S.E. CARNIVALE COURT STUART, FL 34994	Mailing Address 3101 S.E. CARNIVALE COURT STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0892334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

ALAVI, ALEX
3101 S.E. CARNIVALE CT
STUART, FL 34994

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9. 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: typed or printed name of registered agent and this if applicable. NOTE: Registered Agent signature required when re-appointing. DATE

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	S ALAVI, ALEX 1879 SW CRANE CREEK AVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALAVI, ALLEN 18640 N.E. 2ND AVE MIAMI, FL 33179
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05/09/06-80107-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  **4/25/06 772/283-1633**
SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #