
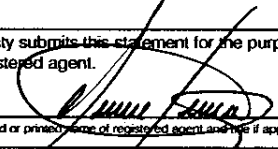
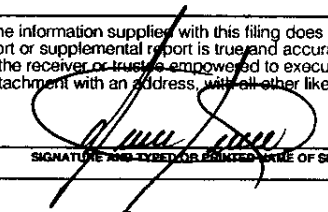


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000027780</b> 1. Entity Name CERRO'S ELECTRIC ENTERPRISE, CORP.			FILED 04 AUG -9 AM 8:27 CLERK OF THE STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3620 NW 2ND TERRACE MIAMI, FL 33145		Mailing Address 3620 NW 2ND TERRACE MIAMI, FL 33145	
2. Principal Place of Business 2440 SW 18 st	3. Mailing Address 2440 SW 18 st		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI Florida		City & State MIAMI Florida	
Zip 33145	Country USA	Zip 33145	Country USA
6. Name and Address of Current Registered Agent CERRO, JOSE A 3620 NW 2ND TERRACE MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Jose A. CERRO Street Address (P.O. Box Number is Not Acceptable) 2440 SW 18 st City MIAMI FL Zip Code 33145	
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: 8/5/04	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CERRO, ANGEL <input type="checkbox"/> Delete 3620 NW 2ND TERRACE MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANGEL CERRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2442 SW 18 st MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CERRO, JOSE A <input type="checkbox"/> Delete 3620 NW 2ND TERRACE MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOSE A. CERRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2440 SW 18 st MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600040375 P2B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 08/20/04--01085--003 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 8/5/04 Daytime Phone #: 7862951346	