


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90981 028 ***158.75

DOCUMENT # P99000094963					
1. Entity Name A & A ELECTRIC MOTORS & PUMPS SALES & SERVICE INC.					
Principal Place of Business 120 OBRIEN RD FERN PARK, FL 32730			Mailing Address 120 OBRIEN RD FERN PARK, FL 32730		
2. Principal Place of Business 1320 W Central Blvd.		3. Mailing Address 1320 W Central Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number APPLIED FOR 59-3613827	
Zip 32805		Country USA		Zip 32805	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARAJ, ANDY K 120 OBRIEN RD ORLANDO, FL 32730			7. Name and Address of New Registered Agent Name: <u>MARAJ, Andy K</u> Street Address (P.O. Box Number is Not Acceptable): <u>1320 W Central Blvd</u> City: <u>Orlando</u> FL Zip Code: <u>32805</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>4-22-04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	PD MARAJ, ANDY K 120 OBRIEN RD ORLANDO, FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARAJ, ANDY K 1320 W Central Blvd. Orlando, FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MARAJ, ALISSA M 120 OBRIEN RD CASSELBERRY, FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MARAJ, ALISSA M 1320 W Central Blvd. Orlando FL 32805	<input checked="" 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
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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: <u>[Signature]</u> <u>Alissa Maraj</u> <u>4-22-04</u> <u>(407) 67-8319</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					