2006 FOR PROFIT CORPORATION

Mar 03, 2006 8:00 am Secretary of State ANNUAL REPORT 03-03-2006 90098 002 ***150.00 DOCUMENT # P97000068046 AAJ ADVANCE ELECTRICAL CORPORATION Principal Place of Business Mailing Address 2035 S.W 123 CT. 2035 S.W 123 CT. MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0788230 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALFONSO, JESUS Street Address (P.O. Box Number is Not Acceptable) 2035 S.W 123 CT. MIAMI, FL 33175 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition ALFONSO, JESUS NAME NAME 2035 SW 123 CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33175 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition ALFONSO, ARELIA NAME NAME STREET ADDRESS 2035 SW 123 CT STREET ADDRESS CITY-ST-7IP MIAMI, FL 33175 CITY-ST-7tP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _	Jeses, James	JESUS AFONSO	2-27-04	305-986-043
	SIGNATURE AND TYPED OR PRINTED NAME OF BIG	SNING OFFICER OR DIRECTOR	Date	Daytime Phone #