

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90001 032 ***150.00

DOCUMENT # P04000021036

1. Entity Name
A & A TRYCOUNTY ELECTRIC, INC.



Principal Place of Business

**18320 NW 81TH CT
HIALEAH, FL 33015**

Mailing Address

**18320 NW 81TH CT
HIALEAH, FL 33015**

50020119



2. Principal Place of Business

8301 FLORIDA DRIVE

3. Mailing Address

8301 FLORIDA DRIVE

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

05182006

Chg-P

CR2E034 (11/05)

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

20-0679267

Applied For

Not Applicable

Zip

33025

Country

U.S.

Zip

33025

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLIVA, ABRAHAM T
18320 NW 81TH CT
HIALEAH, FL 33015**

7. Name and Address of New Registered Agent

Name **ARMANDO GIL**

Street Address (P.O. Box Number is Not Acceptable)

8301 FLORIDA DRIVE SUITE 106

City

PEMBROKE PINES

FL

Zip Code

33025

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 **P** ☐ Delete
NAME **OLIVA, ABRAHAM T**
STREET ADDRESS **18320 NW 81TH CT**
CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GIL, ARMANDO**
STREET ADDRESS **3901 SW 160TH AVE**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **LINARES, MANUEL J**
STREET ADDRESS **11710 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO GIL, VP.

Date

Daytime Phone #

5-26-06 954-986-1081