
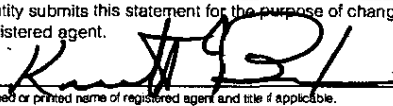
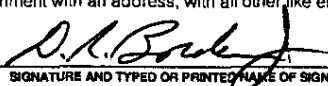


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90210 034 \*\*\*150.00

<b>DOCUMENT # 147921</b> 1. Entity Name <b>TRI-CITY ELECTRIC CO., INC.</b>					
Principal Place of Business <b>625 N W 16TH AVE</b> <b>MIAMI, FL 33125 US</b>			Mailing Address <b>625 N W 16TH AVE</b> <b>MIAMI, FL 33125 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>BORDEN JR., DILLARD R.</b> <b>625 N.W 16TH AVE</b> <b>MIAMI, FL 33125</b>		Name <b>Kenneth C. Borden, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7600 West-20th Avenue</b> City <b>Hialeah</b> FL Zip Code <b>33016</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) <b>Kenneth C. Borden, Esq.</b> <b>7600 West-20th Ave</b> <b>Hialeah FL 33016</b> DATE <b>4/16/04</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>BORDEN, JONATHAN R.</b> <b>625 N W 16TH AVE</b> <b>MIAMI, FL 33125</b> <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	<b>VP</b> <b>A.L. ABREU</b> <b>625 N W 16TH AVE</b> <b>MIAMI, FL</b> <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	<b>CH</b> <b>BORDEN, DILLARD R</b> <b>625 NW 16TH AVE</b> <b>MIAMI, FL 33125</b> <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	<b>AS.</b> <b>MCKERNAN, CAROL</b> <b>625 NW 16TH AVE</b> <b>MIAMI, FL</b> <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	<b>VP</b> <b>KIRCHHEINER, OTTO</b> <b>625 NW 16TH AVE</b> <b>MIAMI, FL</b> <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	<b>V</b> <b>SORRELLS, RICHARD L JR</b> <b>625 NW 16 AVENUE</b> <b>MIAMI, FL 33125</b> <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.					
<b>SIGNATURE:</b>  <b>D.R. Borden, Jr.</b> <b>4/16/04</b> <b>305-642-7822</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

