2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM **DOCUMENT # 350862** Secretary of State 1. Entity Name VALDES ELECTRIC CO Principal Place of Business Mailing Address 6061 NW 3RD STREET MIAMI FL 33126 6061 NW 3RD STREET MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1267654 Not Applicable Ζıp Country Zio Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALDES, JUAN C 6061 NW 3RD STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL City Zip Code 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 lamiliar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete nne ☐ Change NAME VALDES, JUAN C NAME STREET ADDRESS 6061 NW 3RD STREET STREET ADDRESS U00000016814 CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP 01/28/04-80071-007 150.00 TITLE Delete HILE Change Addition NAME COLON, MARTHA M STREET ADDRESS 6061 NW 3RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY - 57 - 71P TITLE Detete TITLE ☐ Change Addition NAME VALDES, MARTHA A MAAR STREET ADDRESS 6061 NW 3RD STREET STREET ADDRESS CTY-ST-712 MIAMI, FL 00000 CITY-ST-ZIP TEFLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7:P TITLE ☐ Delete មា ខ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of 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.

JUAN C. VALDES PARES.

SIGNATURE:

FILED

305-261-1651