

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90031 018 ***158.75

DOCUMENT # 350862

1. Entity Name

VALDES ELECTRIC CO



Principal Place of Business

6061 NW 3RD STREET
MIAMI FL 33126
US

Mailing Address

6061 NW 3RD STREET
MIAMI FL 33126
US

2. Principal Place of Business - No P.O. Box #

6061 N.W. 3 STREET

3. Mailing Address

6061 N.W. 3 STREET

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33126-4666

Country

U.S.A.

Zip

33126-4666

Country

U.S.A.

4. FEI Number

59-1267654

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

VALDES, JUAN C
6061 NW 3RD STREET
MIAMI FL

7. Name and Address of New Registered Agent

Name

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

City

FL

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Juan C. Valdes

1/17/2007

Signature, typed or printed name of registered agent, if not listed, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALDES, JUAN C	
STREET ADDRESS	6061 NW 3RD STREET	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLON, MARTHA M	
STREET ADDRESS	6061 NW 3RD STREET	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	VALDES, MARTHA A	
STREET ADDRESS	6061 NW 3RD STREET	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

Juan C. Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2007 305-261-1702

Date

Daytime Phone #