

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 483449</b><br>1. Entity Name<br><b>CARMEN ELECTRIC, INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>1689 W 40TH ST<br/>HIALEAH FL 33012<br/>US</b> | Mailing Address<br><b>1689 W 40TH ST<br/>HIALEAH FL 33012<br/>US</b> |
|--|--|



|                                |                     |     |
|--------------------------------|---------------------|-----|
| 2. Principal Place of Business | 3. Mailing Address  |     |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |
| City & State                   | City & State        |     |
| Zip                            | Country             | Zip |
| Country                        | Country             |     |

1st MOORE CR2E034 (10/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1618087</b>  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applied   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROSALES, OMAR<br/>13930 ALAMANDA AVE<br/>MIAMI LAKES FL 33014</b> | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1618087</b>  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | PD<br>ROSALES, OMAR             | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             | 1689 W 40TH ST                  | STREET ADDRESS  | U00000417111   |
| CITY-ST-ZIP                | HIALEAH FL                      | CITY-ST-ZIP   | 02/13/06-80042-014 150.00                                    |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      |                                 | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      |                                 | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE                      |                                 | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |
|                            | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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 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 authority.

SIGNATURE:  1-26-06 3058226665