

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90324 050 ***158.75

DOCUMENT # 540082

1. Entity Name

BRACK ELECTRIC, INCORPORATED



Principal Place of Business

**10547 SW 184 TERRACE
MIAMI FL 33157**

Mailing Address

**10547 SW 184 TERRACE
MIAMI FL 33157**

2. Principal Place of Business

6121 S.E. 153 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

8410 S.W. 44 STREET

Suite, Apt. #, etc.

City & State

HAUT HORNE, FLORIDA

City & State

MIAMI, FLORIDA

Zip

32640

Country

USA

Zip

33155

Country

USA

4. FEI Number

59-1742011

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRACK, ROBERT F.
8410 S. W. 44TH ST.
MIAMI FL 33155**

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

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

After May 1, 2005 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 ☐ Delete
NAME BRACK, ROBERT F.
STREET ADDRESS 8410 S. W. 44TH ST.
CITY-ST-ZIP MIAMI FL

TITLE T ☐ Delete
NAME BRACK, ROBERT F.
STREET ADDRESS 8410 S. W. 44TH ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME BRACK, PATRICIA
STREET ADDRESS 8410 S. W. 44TH ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 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.

SIGNATURE:

Robert F. Brack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 305-553-2521

DATE Daytime Phone #