


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # 614988		
1. Entity Name MERCEDES ELECTRIC SUPPLY, INC.		
Principal Place of Business 8550 NW SOUTH RIVER DR MIAMI, FL 33166 US	Mailing Address 8550 NW SOUTH RIVER DR MIAMI, FL 33166 US	



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1891811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAPORTA, VICTOR J VP 8550 NW SOUTH RIVER DR MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000636685 02/26/07-80031-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPORTA, MERCEDES C 8550 NW S RIVER DR MIAMI, FL 33166-1427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LAPORTA, VICTOR J 8550 NW SOUTH RIVER DR MIAMI, FL 33166-1427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTA, JENNIFER M DIR 8550 NW SOUTH RIVER DRIVE MIAMI, FL 33166-1427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 in an address, with or other like empowered.

SIGNATURE: VICTOR J. LAPORTA, Vice President 2/2/07 305-887-5580

Typed or printed name of signing officer or director Date Daytime Phone #