

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 682856

1. Entity Name
ELECTROMECHANICS OF FLORIDA, INC.



Principal Place of Business
**7305 W 19TH COURT
HIALEAH, FL 33014**

Mailing Address
**7305 W 19TH COURT
HIALEAH, FL 33014**



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2043753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, MANUEL
7305 W 19TH COURT
HIALEAH, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GOMEZ, MANUEL R
STREET ADDRESS	7305 W 19TH COURT
CITY-ST-ZIP	HIALEAH, FL 33014

TITLE	T
NAME	GOMEZ, ROSA
STREET ADDRESS	7305 W 19TH COURT
CITY-ST-ZIP	HIALEAH, FL 33014

TITLE	D
NAME	GOMEZ, MANUEL
STREET ADDRESS	7305 W 19TH COURT
CITY-ST-ZIP	HIALEAH, FL 33014

TITLE	D
NAME	VILANOVA, ALEJANDRO
STREET ADDRESS	7305 W 19TH COURT
CITY-ST-ZIP	HIALEAH, FL 33014

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/08-80021-012 150.00

**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 with an address, with all other like empowered.

SIGNATURE: **ALEJANDRO VILANOVA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08
Date

(305) 825-5244
Daytime Phone #