2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 01, 2005 08:00 AM DOCUMENT # 689383 1. Entity Name **Secretary of State** VALDEZ ELECTRIC, INC. Principal Place of Business Mailing Address 2512 W. VIRGINIA AVE, C/O HENRY C. VALDEZ TAMPA FL 33607-6326 2512 W. VIRGINIA AVE. C/O HENRY C. VALDEZ TAMPA FL 33607-6326 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2030146 Not Applicable Zip Ζip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALDEZ, HENRY C. Street Address (P.O. Box Number is Not Acceptable) 2512 W. VIRGINIA AVE. TAMPA FL 33607 Zip Code 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete une ☐ Change Addition VALDEZ, HENRY C NAME NAME STREET ADDRESS 2512 W VIRGINIA AVE STREET ADDRESS CITY ST-ZIP TAMPA, FL 00000 CITY-ST-7IP D ши ☐ Delete DIE ☐ Change ☐ Addition *U0000*00283605 NAME VALDEZ, STEVE C NAME 04/01/05-80034-005 150.00 STREET ADDRESS 2512 W VIRGINIA AVE STREET ADDRESS CiTY - ST - ZiP TAMPA, FL 00000 CITY-ST-7IP TITLE Delete THE Change ☐ Addition NAME VALDEZ, LILLY L. NAME STREET ADDRESS 2512 W VIRGINIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 0 UYLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🔲 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-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 exegute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE: July L. VALDEZ 3/30/05 813-8775598

changed, or on an attachment with an address, with all other like empowered.