2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Feb 11, 2008 08:00 AM Secretary of State **DOCUMENT # 696413** 1. Polity Name A & P ELECTRICAL CONTRACTORS, INC. Principal Place of Business Mailing Address 8295 SW 2ND ST MIAMI FL 33144 8295 SW 2ND ST MIAMI FL 33144 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 59-2148047 Not Applicable Zio 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 GONZALEZ, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 8295 SW 2 ST **MIAMI FL 33144** City Zip Code 8. The above named entry 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 land accept the obligations of registered agent. SIGNATURE Sometime, typed or preced harmord required dysert and the Tarphologic. SCOTE: Registered Agont segmentum regulator whos remetatings DATE THE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition De'cte TITLE MANE GONZALEZ, ANTONIO NAMI U00000823902 02/20/08-80055-024 150.00 STREET ADDRESS STREET ADDRESS. 8295 SW 2 ST MIAMI FL City-St-7/2 CITY-ST-7IP TITLE ☐ Change Deiete TITLE Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete THIE Change Change Addition HUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 101.6 ☐ Delete 4110 Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-219 CITY-ST-ZIP THEF De ele ☐ Change Addition TIEL E NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-SI- AP TITLE Deiele Change Addition TITLE MAME HAME STREET ADDRESS STREET ADORESS CITY - ST-ZIP CHY-ST-ZIP 12. Thereby 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 suppliercental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an efficer 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 applicable other like empowered.

Antonio lociples

2-8-08

FILED