2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT #F11428** HARRISON ELECTRIC, INC. Principal Place of Business Mailing Address 10540 SW 30 STREET 10540 SW 30 STREET MIAMI, FL 33165 MIAMI, FL 33165 03312004 No Cho-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2049854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PEREIRA, JOSEPH JR DO NOT WRITE 10300 SW 72ND ST. #470U MIAMI, FL 33173 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) ñã000001<u>02</u>223 04/07/04-80029-017 150.00 \$5.00 May 8e Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 4 1717 GREENE, HARRISON C NAME STREET ADDRESS 10540 SW 30TH ST. CITY-ST-ZIP MIAMI, FL 33165 TITLE GREENE, MATTHEW H HAME 10540 SW 30TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 HELE NAME STREET ADDRESS DO NOT WRITE City-ST-ZiP रारा स IN THIS SPACE MANE STREET ADDRESS CITY-ST-ZIP TITL S

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: HAMLER SIGNATURE AND TYPED OR PRINTED NAME OF EXCHANG OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

3/31/4

Daytime Phone #

FILED