


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90390 033 ***150.00

DOCUMENT # 14291 1. Entity Name B+B ELECTRICAL, INC.																			
Principal Place of Business 1115 W 50 PL. Hialeah FL 33012 -3425		Mailing Address 1115 W 50 PL. Hialeah FL 33012-3425																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																	
4. FEI Number 59-2094800		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		94077618 MOORE CR2E034 (11/03)																	
6. Name and Address of Current Registered Agent Beruvides, Eulalia 1115 W 50 PL Hialeah FL 33012-23425		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	Delete <input type="checkbox"/>	CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	CITY-ST-ZIP			
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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 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: <i>Eulalia Beruvides</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-25-2004 (305) 557-0824 Date Daytime Phone #																	