

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F17261	
1. Entity Name ARANDIA ELECTRIC, INC.	

Principal Place of Business 13366 SW 143 TR MIAMI, FL 33186 US	Mailing Address 13366 SW 143 TR MIAMI, FL 33186 US
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04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2209157	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABALLERO, EMILIO C
 2151 SW 42ND AVE
 CORAL GABLES, FL 33145

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PTS HERNANDEZ, JOAQUIN 13366 SW 143 TR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JOAQUIN 13366 SW 143 TR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/22/08-80047-005 158.75

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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 Joaquin Hernandez Joaquin Hernandez 04.25.08 305.457.6929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone