2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| | AITICAL III | | | <u> </u> | | | Esk 06 2004 00 | .00 41 | N/T | |
|--|--|----------------------------------|--------------------------|---------------------|---|----------------------|--|--|----------------------------------|--|
| DOCUMENT # F9700002129 1. Entity Name | | | | | | | Feb 06, 2004 08:00 AM Secretary of State 1# 8068.00 | | | |
| HELIX ELECTRIC, INC. | | | | | | 7 | 1# 8068.00 | | : | |
| Principal Place of Business Mailing Address | | | | | | 7 | Prairie - | | | |
| 8260 CAMINO SANTA FE 8260 CAMINO SANTA SAN DIEGO CA 92121 SAN DIEGO CA 9212 | | | FE | | | | | | | |
| | | | | | | | | | | |
| · | lace of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. City & State | | | | 1. | MOORE CR2E034 | <u> </u> | pplied For | |
| City & State | | Zip Country | | | tev | 4. 6 | 33-0124909 | N | ot Applicable | |
| Zip Country | | 2.10 | | COURT | u.a.y | | Centificate of Status Desired | \$8.75 Ad Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | i Agent | | 7. Name and Address of New Registered Agent | | | | | |
| | | | , | | Name | | | | | |
| MICHAEL, JOHN H 8420 54TH ST., N. PINELLAS PARK FL 33781 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| Filti | ELLAS FARK FL 33761 | | | | | _ | | Z ₁ p Coo | | |
| | | | | | City | | <u>FL</u> | • ` | | |
| | named entity submits this statement for ions of registered agent. | r the purpo | ise of changing its | register | ed office or regist | ered ag | ent, or both, in the State of Florida. I am | familiar with | , and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and fille if apple | cable. (NOTE | Registere | o Agent signature requi | ed when re | pinstating) DATE | <u></u> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | Election Campalgn Financing Trust Fund Contribution. | \$5.0 Adde | 00 May Be id to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. | . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | 3\$ IN 11 | | |
| BILE | PDC | | ☐ Delete | साध | | | | Change | Addition | |
| NAME | SHEKHTER, GARY | | | NAM | E | | 1400000000124 | | | |
| STREET ADDRESS CITY-ST-ZIP | 6974 RANCHO VIELO RANCHO SANTA FE CA 92067 | | | | et address - St-Zip | | U00000038124 02/06/04-80127-001 150.00 | | | |
| 111/TE | VP | | ☐ Delete | TITL | ì | | | Change | Addition | |
| NAME | ALTMAN, ISAAC 13053 CANDELA PLACE | | | NAM | ET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | ISAN DIEGO CA 92130 | | | - | SI-ZP | | | | | |
| THLE | ST | | ☐ Delete | TITL | E - | | | Change | Addition | |
| NAME | STONE, MICHAEL | | | NAN | E | | | _ • | _ | |
| STREET ADDRESS | 8260 CAMIRO SANTA FE STE A | | | STR | ET ADDRESS | | | | | |
| CITY-ST-ZIP | SAN DIEGO CA 92121 | | | CITY | -ST-ZIP | | | | - | |
| BILE | | | Delete | \$17L | 1 | | | Change | Addition Addition | |
| NAME STREET ADDRESS | | | | NAM STR | et address | | | | | |
| CITY-ST-ZIP | | | | - 1 | -ST-ZIP | | | • | | |
| TITLE | | | ☐ Delete | 3115 | ŧ | | | ☐ Change | Addition | |
| NAME. | | | | NAM | IE . | | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | - | -ST-ZIP | | | —————————————————————————————————————— | | |
| TITLE | } | | Delete | ₹1₹£ | į. | | | Change | Addition | |
| NAME STREET ADDRESS | | | | NAN STR | EET ADORESS | | | | | |
| CSTY-ST-ZSP | | | | CELL | - SY- ZIP | | | | = . | |
| | certify that the information supplied with | this filing | does not qualify for | the exe | mption stated In | Section | 119.07(3)(i), Florida Statutes. I further ce | rtify that the | information | |
| indicatéd | I on this report or supplierdental report it | s true and a owered to a | accurate and that report | ay signa as requ | iture shall have th ired by Chapter 6 | e same 107, Flori | 119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath, that I ida Statutes; and that my name appears | am an office in Block 10 | er or director or Block 11 if | |
| f of the co | rporation of the receiver of thistee emp | 0,100,000,100 | | | | | | | | |

MICHAEL STONE

SIGNATURE:

FILED