


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2006 08:00 AM
Secretary of State

| | | | |
|--|---------|---|---------|
| DOCUMENT # G11340 | |  | |
| 1. Entity Name BLUE RIBBON ELECTRIC, INC. | | | |
| Principal Place of Business 540 NW 113TH STREET MIAMI FL 33168 | | Mailing Address 750 190 STREET DRESSER WI 54009 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| RUSHFELDT, PAUL 2358 BAY VILLAGE COURT LAKE PARK FL 33410 | | 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, types or prints name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |



1st MOORE CR2E034 (10/05)

4. FEI Number 59-2242429 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST RUSHFELDT, JAMES L 750 190TH STREET DRESSER WI 54009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000555320 05/16/06-80028-017 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUSHFELDT, BONNIE 750 190TH ST DRESSER WI 54009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby 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 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: *James L Rushfeldt* James L Rushfeldt April 25, 2006 715 294 4431