

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G90236

1. Entity Name
PARDIME ELECTRIC, INC.



Principal Place of Business

**2629 S.W. 31ST COURT
COCONUT GROVE, FL 33133 US**

Mailing Address

**2629 S.W. 31ST COURT
COCONUT GROVE, FL 33133 US**

FILED
May 02, 2007 08:00 A
Secretary of State



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2382519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, OLEY J.
2629 SW 31 COURT
COCONUT GROVE, FL 33133**

**DO NOT WRITE
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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**DPS
SMITH, OLEY J.
2629 S.W. 31ST COURT
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
SMITH, OLEY J.
2629 S.W. 31ST COURT
COCONUT GROVE, FL 33133**

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000756645
05/23/07-80039-025 150.00

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:

[Signature] **O. J. Smith, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 786-493-9086
Date Daytime Phone #