

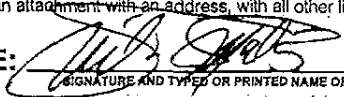


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K15525</b> 1. Entity Name NILO ELECTRIC REPAIRS CORP.			
Principal Place of Business 10653 W OKEECHOBEE RD BAY 3 HIALEAH GARDENS, FL 33016		Mailing Address 10653 W OKEECHOBEE RD BAY 3 HIALEAH GARDENS, FL 33016	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01252006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0029853	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MATOS, NILO H. 10653 W. OKEECHOBEE RD., BAY 3 HIALEAH GARDENS, FL 33016		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	MATOS, NILO H.		
STREET ADDRESS	16865 NW 84TH COURT		
CITY-ST- ZIP	HIALEAH, FL 33016		
TITLE	SD		
NAME	MATOS, LIDIA C.		
STREET ADDRESS	16865 NW 84TH COURT		
CITY-ST- ZIP	HIALEAH, FL 33016		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST- ZIP			
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: 		NILO H. MATOS - PRES 01/26/06 (305) 558-9933	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	