

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90214 004 \*\*\*150.00

**14006347**



04222005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # K63894</b> 1. Entity Name <b>STINGONE BROS. ELECTRIC, INC.</b>					
Principal Place of Business <b>31801 SW 195 AVENUE</b> <b>HOMESTEAD, FL 33030 US</b>			Mailing Address <b>31801 SW 195 AVENUE</b> <b>HOMESTEAD, FL 33030 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0101345</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STINGONE, ANTHONY D.</b> <b>31801 SW 195TH AVE</b> <b>HOMESTEAD, FL 33030</b>				7. Name and Address of New Registered Agent Name <b>MARC STINGONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>31801 S.W. 195 AVE</b> City <b>HOMESTEAD</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.				FL Zip Code <b>33030</b>	
SIGNATURE <small>Signature, typed or printed name of registered agent, and date if applicable</small>				DATE <b>4-22-05</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STINGONE, ANTHONY D.</b> <b>31801 SW 195TH AVE</b> <b>HOMESTEAD, FL</b>		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>D, P.</b> <b>MARC STINGONE</b> <b>31801 S.W. 195 AVE</b> <b>HOMESTEAD, FL 33030</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>D, VP</b> <b>ISAAC BENAVIDES</b> <b>19505 S.W. 334 ST</b> <b>FLORIDA CITY, FL 33034</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-22-05</b>	