2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 21, 2005 08:00 AM DOCUMENT # K75666 **Secretary of State** 1. Entity Name APOLLO ELECTRICAL SERVICES, INC. Mailing Address Principal Place of Business __ 4947 PALMETTO AVE 4947 PALMETTO AVE WINTER PARK FL 32792 WINTER PARK FL 32792 US 2. Principal Place of Business_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2948422 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WYATT, DONALD A. Street Address (P.O. Box Number is Not Acceptable) 8770 LAUREL RIDGE CT MT DORA FL 32757 Zip Code City 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete 10ft F NAME SAMAAN, HENRY NALAF STREET ADDRESS 9813 RIVER STREET STREET ADDRESS CITY ST-ZIP ORLANDO FL' CITY-ST-ZIP Change ☐ Addition ☐ Delete DUE TITLE NAME SIERRA, RODRIGO U00000189684 01/24/05-80105-016 158.75 STREET ADDRESS 14746 YORKSHIRE RUN DRIVE STREET ADDRESS CITY ST-ZIP ORLANDO FL 32828 CUY-SI-70 ☐ Change Addition Delete 11111 NAME HERNANDEZ, HUGO NAME STREET ADDRESS STREET ADDRESS 2567 PORTER VIEW WAY CITY-ST-ZIP CHY-ST-ZIP ORLANDO FL 32812 Delete MLF Change ☐ Addition TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7(P CHY-ST-ZIP Delete HILE Change ☐ Addition THLE NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition HILE mue ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of bustee 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. RODRIGO SIERRA 1-19-05 107/657-2488

SIGNATURE