


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L24281</b> 1. Entity Name MBM ELECTRIC, INC.	
------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 5460 S.W. 188 AVE FT LAUDERDALE, FL 33332 US	Mailing Address 5460 S.W. 188 AVE FT LAUDERDALE, FL 33332 US
--------------------------------------------------------------------------------	--------------------------------------------------------------------



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0147886	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  MOREIRAS, BIANCA 5460 SW 188 AVENUE FT. LAUDERDALE, FL 33332
---------------------------------------------------------------------------------------------------------------------------

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	U00000617566 02/07/07-80079-020 150.00
-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MOREIRAS, BARBARO R
STREET ADDRESS	5460 S.W. 188 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33332
TITLE	D
NAME	MOREIRAS, BIANCA
STREET ADDRESS	5460 SW 188 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VP
NAME	MOLLEDA, MIGUEL
STREET ADDRESS	5830 W. 13CT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 information.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_