## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## Secretary of State **DOCUMENT # L26188** 05-02-2005 90482 037 \*\*\*150.00 1. Entity Name FGM ELECTRIC CO. Principal Place of Business Mailing Address 3841 PEMBROKE ROAD 3841 PEMBROKE ROAD HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 3847 PEMBROKE ROAD 3847 PEMBEOKE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 Chg-P CR2E034 (10/03) City & State City & State 4, FEI Number Applied For HOLLYWOOD, 65-0155268 HOLLYWOOD, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33021 U5A 33021 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELIX ROJAS ROJAS, FELIX Street Address (P.O. Box Number is Not Acceptable) 3841 PEMBROKE ROAD HOLLYWOOD, FL 33021 3847 PEHBROKE ROAD HOLLYWOOD 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. FELIX ROJAS 4-22-05 ed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P5 ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME ROJAS, FELIX NAME ROJAS FELIX 3841 PEMBROKE ROAD STREET ADDRESS STREET ADDRESS 3847 PEMBROKE ROAD HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33 021 TITLE ☐ Delete TITLE SIT Change ☐ Addition ROJAS INGRID ROJAS, INGRID NAME NAME 3841 PEMBROKE ROAD 3847 PEMBROKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP HOLLYWOOD , FL 33021 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

FELIX ROJAS

4-22-05

954-964-8557

Daytime Phone #

**FILED** 

May 02, 2005 8:00 am