2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006
Secretary of State

DOCUMENT# L57631

Entity Name: FLORIDA UTILITIES, INC.

Current Principal Place of Business:

2545 WEST 80 ST
#16
HIALEAH, FL 33016

New Principal Place of Business:

8569 NW 68 STREET
MIAMI, FL 33166

Current Mailing Address:

16154 N.W. 77 PATH
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0180590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAREDES, HECTOR
16154 N.W.77 PATH
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAREDES, HECTOR
Address: 16154 N.W. 77 PATH
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete
Name: PAREDES, HECTOR J
Address: 2545 WEST 80 ST
City-St-Zip: HIALEAH, FL 33016

Title: SEC ( ) Delete
Name: PAREDES, EUSEBIO
Address: 2545 WEST 80TH STREET #16
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: PAREDES, HECTOR J
Address: 8569 NW 68 STREET
City-St-Zip: MIAMI, FL 33166

Title: SEC (X) Change ( ) Addition
Name: PAREDES, EUSEBIO
Address: 8569 NW 68 STREET
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR PAREDES P 03/09/2006

Electronic Signature of Signing Officer or Director — Date