

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # M62950

1. Entity Name
ALEX ELECTRIC, INC.



Principal Place of Business
**8200 NW 25 ST
MIAMI, FL 33122**

Mailing Address
**8200 NW 25 ST
MIAMI, FL 33122**



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0025894

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PENA, CARLOS
18200 SW 100 ST
MIAMI, FL 33196**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENA, CARLOS
STREET ADDRESS	18200 SW 100 ST
CITY-STATE-ZIP	MIAMI, FL 33196
TITLE	SD
NAME	PENA, CARLOS RUBEN
STREET ADDRESS	5514 SW 154 PL
CITY-STATE-ZIP	MIAMI, FL
TITLE	VTD
NAME	PENA, JUAN CARLOS
STREET ADDRESS	4877 SW 154 AVE
CITY-STATE-ZIP	MIAMI, FL 33185
TITLE	PD
NAME	PENA, CARLOS ALEXANDER
STREET ADDRESS	5531 SW 154 CT
CITY-STATE-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/26/07-80072-011 150.00

**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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #