## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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

## Feb 14, 2005 08:00 AM DOCUMENT # P00000035100 **Secretary of State** 1. Entity Name INDUSTRIAL ELECTRICAL SYSTEMS & CONTROL CORP. Principal Place of Business Mailing Address 720 HILLCREST BLVD 720 HILLCREST BLVD WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0996889 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 GONZALEZ, AARON 720 HILLCREST BLVD Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THE Change Addition Dejete NAME GONZALEZ, YANET NAME STREET ADDRESS 720 HILLCREST BLVD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition 11000000228261 NAME 02/14/05-80033-017 150.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP TITLE Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete HUE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TOTE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TOTAL Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-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)(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 eath, 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 #mpowered

FILED