

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90038 010 ***158.75

DOCUMENT # P00000047591	
1. Entity Name SOUTHERN ELECTRICAL PIPE COMPANY, INC.	

Principal Place of Business 4458 NW 74TH AVE. MIAMI FL 33166	Mailing Address 4458 NW 74TH AVE. MIAMI FL 33166
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2. Principal Place of Business - No P.O. Box # 7555 NW 50 STREET	3. Mailing Address 7555 NW 50 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FLORIDA	City & State Miami FLORIDA
Zip 33166	Country DADE-USA
Zip 33166	Country USA

6. Name and Address of Current Registered Agent FOX, CARLOS R 1226 ROBIN AVE. MIAMI-SPRINGS FL 33166	7. Name and Address of New Registered Agent Name <u>Juan Carlos Fernandez</u> Street Address (P.O. Box Number is Not Acceptable) 7555 NW 50 ST City <u>Miami</u> <u>FL</u> Zip Code <u>33166</u>
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOX, CARLOS R 1226 ROBIN AVE. MIAMI-SPRINGS FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JUAN CARLOS Fernandez 7555 NW 50 ST Miami FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] **2/1/07** **305-597-4464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #