


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000072094 |  |
| 1. Entity Name NATIONWIDE ELECTRICAL CONTRACTORS INC. | |

| | |
|---|---|
| Principal Place of Business 7914 NW 64TH ST MIAMI, FL 33166 | Mailing Address 7914 NW 64TH ST MIAMI, FL 33166 |
|---|---|



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1027483 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent SARDUY, RICARDO 7914 NW 64TH ST MIAMI, FL 33166 | |
|---|--|

**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 reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SARDUY, RICARDO 7914 NW 64TH ST MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RODRIGUEZ, ARNALDO 16310 SW 2ND DRIVE PEMBROKE PINES, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SARDUY, JOSE B 7914 NW 64TH ST MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100000186202
01/21/05-80047-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Ricardo Sarduy** **01/13/2005** **(305) 468-8295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #