

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089553

FILED
Apr 27, 2004
Secretary of State

Entity Name: ANGELECTRIC CORP.

Current Principal Place of Business:

10015 S.W. 139TH PLACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

10015 S.W. 139TH PLACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-1050290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMAS, ANGEL
10015 S.W. 139TH PLACE
MIAMI, FL 33186 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: PD () Delete
Name: ARMAS, ANGEL
Address: 10015 S.W. 139TH PLACE
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: ARMAS, AMARILIS
Address: 10015 S.W. 139TH PLACE
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: ARMAS, ANGEL JR.
Address: 10015 S.W. 139TH PLACE
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: BERTOT, DAVID
Address: 1333 WEST 49 PL., APT. 520
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGEL ARMAS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date