


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90174 025 ***150.00

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| DOCUMENT # P00000110246 |  |
| 1. Entity Name ALL FLORIDA ELECTRICAL SERVICE, INC. | |

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|---|---|
| Principal Place of Business 621 SW 21 TERR 9 FT LAUDERDALE, FL 33312 US | Mailing Address 1996 SW 28TH TERRACE FT LAUDERDALE, FL 33312 US |
|---|---|

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|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address 621 SW 21 TERRACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. UNIT 9 |
| City & State | City & State FT LAUDERDALE, FL |
| Zip | Zip 33312 |
| Country | Country US |

50044442
50044442

04272005 Chg-P CR2E034 (10/03)

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|--|--|
| 4. FEI Number 65-1057457 | 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 BREWER, CHRISTOPHER 1996 SW 28TH TERRACE FT LAUDERDALE, FL 33312 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BREWER, CHRIS 1996 SW 28TH TERR FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 11581 NW 23 STREET PLANTATION, FL 33323 <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 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 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:  **4/27-05 954-791-0151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #