
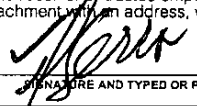


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90025 022 ***150.00

DOCUMENT # P01000003105 1. Entity Name MARIANO SERRA ELECTRIC, INC.					
Principal Place of Business 7414 WEST 34TH COURT HIALEAH, FL 33018			Mailing Address 7414 WEST 34TH COURT HIALEAH, FL 33018		
2. Principal Place of Business 20808 SW 86 Court		3. Mailing Address 20808 SW 86 Court			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL 33189		City & State Miami, FL 33189		4. FEI Number 65-1066737	
Zip 33189		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERRA, MARIANO J 7414 WEST 34TH COURT HIALEAH, FL 33018			7. Name and Address of New Registered Agent Name Mariano Serra Street Address (P.O. Box Number is Not Acceptable) 20808 SW 86 Court City Miami FL Zip Code 33189		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSD SERRA, MARIANO J 7414 WEST 34TH COURT HIALEAH, FL 33018	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 Chapter 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 103-1406 (786) 258264 <small>Daytime Phone</small>					