


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000020475 1. Entity Name J.M.C. ELECTRIC CORP.	
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Principal Place of Business 13335 S.W. 24TH STREET MIRAMAR, FL 33027	Mailing Address 13335 S.W. 24TH STREET MIRAMAR, FL 33027
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DO NOT WRITE IN THIS SPACE



07202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1091065	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 CABRAL, JOSE 13335 S.W. 24TH STREET MIRAMAR, FL 33027	DO NOT WRITE IN THIS SPACE
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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CABRAL, JOSE 13335 S.W. 24TH STREET MIRAMAR, FL 33027
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Jose Cabral-Pres 7/31/04 904-392-1527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #