SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P01000037281** 04-30-2004 90283 024 ***150.00 ELECTRICAL CONNECTIONS SUPPLY, INC. Mailing Address Principal Place of Business 94077177 19272 NORTHWEST 88TH PLACE 19272 NORTHWEST 88TH PLACE MIAMI, FL 33018 MIAMI, FL 33018 3. Mailing Address 2. Principal Place of Business 5403 SW 18 5403 S Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-1106371 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33°2° Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent PATINO, FREDDY 19272 NORTHWEST 88TH PLACE 5403 SW 186 WW MIAMI, FL 33018-8. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITI F TITI F Change Addition VICUNS, ALEJANDRO NAME NAME STREET ADDRESS CALLE UNO TORRE OLYMPIA OF-4C STREET ADDRESS CITY-ST-7IP LA URBINA CÁRACAS, CITY-ST-ZIP <u>33°2°</u> TITLE Change Addition ☐ Delete TITLE OCIUDRER, RICARDO NAMÉ NAME STREET ADDRESS CALLE UNO TORRE OLYMPIA 4C STREET ADDRESS CITY-ST-7IP LA URBINA CARACAS, CITY-ST-ZIP <u>3ი2</u> ⁰ TITLE **X**Oelete Addition TITLE Change QUEVARA, JOSE ANTONIO NAME NAME . MENIDO BUENA VISTA QUINTA CAVIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LA CACIFORNIA CARACAS, CITY-ST-ZIF TITLE **X** Delete ☐ Change Addition THILE **GUEVARA, ELSY** NAME NAME STREET ADDRESS MUENIDA BUENA VISTA QUINTA CAVIN STREET ADDRESS CITY-ST-ZIP LA CACIFORNIA CARACAS, CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition RNO, Alei NAME NAME STREET ADDRESS STREET ADDRESS **५** 186 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME 186 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

305-829-2602