


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000083070 1. Entity Name RITE WAY ELECTRIC SERVICES, INC.	
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Principal Place of Business 11556 SW 6TH TERRACE MIAMI, FL 33174	Mailing Address 11556 SW 6TH TERRACE MIAMI, FL 33174
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04122004 No Chg-P CR2E034 (10/03)

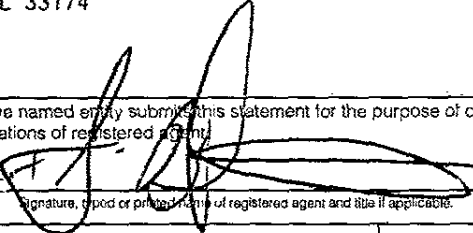
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLANCO, GUSTAVO 9801 W. FLAGLER ST., LOT A-100 MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000118001
04/19/04-80042-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCO, IRAIDA 11556 SW 6TH TERRACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA BLANCO, GUSTAVO 9801 W. FLAGLER ST., LOT A-100 MIAMI, FL 33174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 an other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____