2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P01000101103 1. Entity Name SPEEDY ELECTRICAL CONTRACTOR, INC. Principal Place of Business Mailing Address 1418 N E 53RD COURT 1418 N E 53RD COURT FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1146603 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PACHECO, HENRY N Street Address (P.O. Box Number is Not Acceptable) 1418 N E 53RD COURT FORT LAUDERDALE FL 33334 City 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 Frorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE U00000742556 □ Change | 05/15/07-80073-018 150.00 ☐ Change ☐ Addition PACHECO, HENRY N NAME 1418 NE 53 CT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-/IP ☐ Delete ши Change Addition NAME: STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Adddion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP IIILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE ☐ Delete ☐ Change ■ Addition NAM! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ШЩ ☐ Delete TITLE ☐ Change ☐ Addition NAMI* STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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 fike empowered.

FILED