
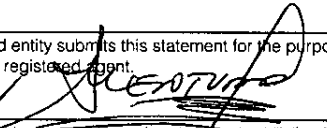
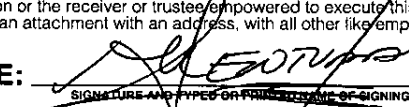


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90033 042 \*\*\*158.75

<b>DOCUMENT # P01000113138</b> 1. Entity Name <b>ALAIN ELECTRIC CORP.</b>																											
Principal Place of Business <b>290 NW 63 AVE</b> <b>MIAMI, FL 33126</b>		Mailing Address <b>290 NW 63 AVE</b> <b>MIAMI, FL 33126</b>																									
2. Principal Place of Business <b>14110 SW 165 St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>14110 SW 165 St.</b> Suite, Apt. #, etc.																									
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>																									
Zip <b>33177</b>		Zip <b>33177</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>65-1157870</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>VENTURA, ALAIN</b> <b>290 NW 63 AVE</b> <b>MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>14110 SW 165 St.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33177</b>																									
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:  DATE: <b>4/5/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP</b>  <b>VENTURA, ALAIN</b>  <b>290 NW 63 AVE</b>  <b>MIAMI, FL 33126</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>VENTURA, ALAIN</b> <b>290 NW 63 AVE</b> <b>MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>14110 SW 165 St</b>  <b>Miami FL 33177</b> </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14110 SW 165 St</b> <b>Miami FL 33177</b>	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
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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 all other like empowered. SIGNATURE:  DATE: <b>4/5/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

94051559



04052004 Chg-P CR2E034 (10/03)