


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000113138	
1. Entity Name ALAIN ELECTRIC CORP.	

FILED

2008 APR -7 AM 11:01

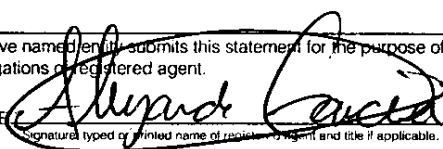
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2840 WEST 75 ST HIALEAH GARDENS, FL 33018	Mailing Address 2840 WEST 75 ST HIALEAH GARDENS, FL 33018
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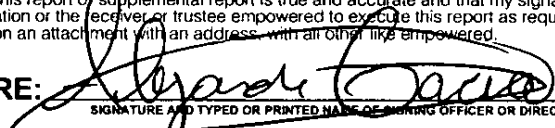
2. Principal Place of Business - No P.O. Box # 533 NE 3 AVE.	3. Mailing Address Same
Suite, Apt. #, etc. # 301	Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL	City & State
Zip 33301	Country

04042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent RIVERO, FILBERTO 2840 WEST 75 ST HIALEAH GARDENS, FL 33018	7. Name and Address of New Registered Agent Name Alejandro M. Garcia Street Address (P.O. Box Number is Not Acceptable) 533 NE 3 Ave. # 301 City Ft. Lauderdale FL Zip Code 33301
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 4/4/08 (NOTE: Registered Agent signature required when reinstating)	

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT RIVERO, FILBERTO 2840 WEST 75 ST HIALEAH GARDENS, FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/D Alejandra M. Garcia 533 NE 3 ave. # 301 FL. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400122436284 04/07/08--01016--008 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/4/08 Daytime Phone # 417200