## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 04, 2004 08:00 AM Secretary of State DOCUMENT # P01000118049 1. Entity Name ASCUNCE ELECTRICAL, INC. Principal Place of Business Mailing Address 1041 N.E. 78TH ROAD 1041 N.E. 78TH ROAD SUITE #1 SUITE #1 MIAMI, FL 33138 MIAMI, FL 33138 08012004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0550853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent TROISE, DONALD DO NOT WRITE 1041 N.E. 78 RD #1 MIAMI, FL 33138 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 Signature, typed or printed name of registered agont and title if applicable. (FIOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE $\Box$ NAME TROISE, DONALD STREET ADDRESS 1041 N.E. 78TH ROAD SUITE 1 CITY-ST-ZIP MIAMI, FL 33138 U00000169318 08/04/04-80002-014 150.80 ग्राग्र म NAME BORG, SHIRLEY STREET ADDRESS 1041 N.E. 78 RD #1 CITY-ST-ZIP MIAMI, FL 33138 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HALLE STREET ADDRESS CITY-ST-ZIP

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 agoress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP