2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 13, 2008 08:00 AN Secretary of State DOCUMENT # P02000009197 1. Entity Name ARMANDOS ELECTRIC CO. INC. Principal Place of Business Mailing Address 8216 SOUTHERN FOREST DR 8216 SOUTHERN FOREST DR ORLANDO FL 32929 ORLANDO FL 32929 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 04-3595578 Not Applicable $Z_{i}p$ Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANTOJA, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 8612 SOUTHERN FOREST DR ORLANDO FL 32929 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poin, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title. I approach (NOTE: Registraed Agent eignoture required when roinstituting) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE De ete ПΠЕ Change Addition NAME PANTOJA, ARMANDO NAME STREET ADDRESS 8216 SOUTHERN FOREST DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32929 CITY-ST-709 TITLE ☐ Derete TITLE Change ■ Addition NAME HAME U00000857**44**9 STREET ADDRESS STREET ADDRESS 04/01/08-80005-014 158.75 CITY-ST-ZIP CITY-ST-ZIP TRUE Derete THLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Derete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-2IP CHY-SI-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De'ete TITLE Change Addition NAME NAME STREET ACCRESS STREET ADDRESS COY+ST- ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Section 119. Florida Statutes 1 furtner 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 it changed, or on an attachment with an address, with all other like empowered.

Armando Pantoja - President 3/4/08

Dayt are Phone #