


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000071040 1. Entity Name EMELECTRIC, INC. |  |
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|---|---|
| Principal Place of Business 3056 N W 5TH ST MIAMI FL 33125-4208 | Mailing Address 3056 N W 5TH ST MIAMI FL 33125-4208 |
|---|---|



| | | |
|--------------------------------|---------------------|-----|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |

1st MOORE CR2E034 (10/05)

| | |
|---|---|
| 4. FEI Number 04-3700862 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALFARO, IVAN G 2123 N E 5TH AVE APT #1 MIAMI FL 33127 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

| | |
|------------------------------------|---|
| 4. FEI Number 04-3700862 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when certifying) | DATE _____ |
|---|---|------------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-------------------------------|---------------------------------|
| TITLE | D GUTIERREZ-ALFARO, IVAN A | <input type="checkbox"/> Delete |
| NAME | 2123 N E 5TH AVE #1 | |
| STREET ADDRESS | MIAMI FL 33127 | |
| CITY-ST-ZIP | | |
| TITLE | D KLAEBISCH, SYBILLE | <input type="checkbox"/> Delete |
| NAME | 5714 N.W. 115 CT #101 | |
| STREET ADDRESS | MIAMI FL 33172 | |
| CITY-ST-ZIP | | |
| TITLE | D ALFARO, IRMA L | <input type="checkbox"/> Delete |
| NAME | 260 N W 36 TH ST | |
| STREET ADDRESS | MIAMI FL 33127 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|---|-------------------------------|---------------------------------|------------------------------|
| TITLE | D GUTIERREZ-ALFARO, IVAN A | | |
| NAME | 2123 N E 5TH AVE #1 | | |
| STREET ADDRESS | MIAMI FL 33127 | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| 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 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: _____ 12-14-06 305-576-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR