

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000078142	
1. Entity Name	
ARNOLD J ELECTRIC INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8658 SW 159CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33199-5274	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0487241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DELGADO, ARNALDO JR	
Street Address (P.O. Box Number is Not Acceptable) 4604 SW 159 AVENUE	
City MIAMI	Zip Code 33185

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP DELGADO, ARNALDO JR 4604 SW 15TH AVENUE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DELGADO, ARNALDO SR 4604 SW 159 AVENUE MIAMI FL 33185
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

ARNALDO DELGADO PRESIDENT

1/12/2007

756-355-4471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #