

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

ATX1

DOCUMENT # P02000078142
1. Entity Name
 ARNOLD J ELECTRIC INC

FILED
 09 FEB -5 AM 11:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4604 SW 159 AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
 SAME AS # 2
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI, FL

City & State
 SAME AS # 4

Zip 33185 **Country** USA

4. FEI Number
 03-0487241

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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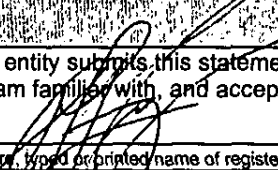
7. Name and Address of Current Registered Agent

Name
 DELGADO, ARNALDO JR

Street Address (P.O. Box Number is Not Acceptable)
 4604 sw 159 avenue

City miami **FL** **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
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	pvp DELGADO, ARNALDO JR 5604 SW 159 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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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 SR VPS 1/20/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #