
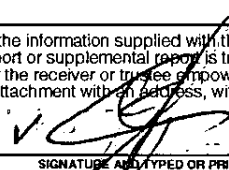


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90008 006 ***150.00

DOCUMENT # P02000079918 1. Entity Name GOLD ELECTRIC CONTRACTOR, CORP.					
Principal Place of Business 5113 NW 5 STREET MIAMI, FL 33126			Mailing Address 5113 NW 5 STREET MIAMI, FL 33126		
2. Principal Place of Business 275 NW 48th PL		3. Mailing Address 275 NW 48th PL.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 14-1839474	
Zip 33126		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, SERGIO M 5113 NW 5 STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 275 NW 48th PL City Miami State FL Zip Code 33126		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	LOPEZ, SERGIO M <input checked="" type="checkbox"/> Delete		TITLE PD	LOPEZ, SERGIO M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LOPEZ, SERGIO M	5113 NW 5 STREET		NAME LOPEZ, SERGIO M.	275 NW 48th PL	
STREET ADDRESS 5113 NW 5 STREET	MIAMI, FL 33126		STREET ADDRESS 275 NW 48th PL	Miami FL 33126	
CITY-ST-ZIP MIAMI, FL 33126			CITY-ST-ZIP Miami FL 33126		
TITLE T	PEREZ, ANGEL L <input checked="" type="checkbox"/> Delete		TITLE T	PEREZ, ANGEL L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PEREZ, ANGEL L	2088 NW79 AVE		NAME PEREZ, ANGEL L.	275 NW 48th PL	
STREET ADDRESS 2088 NW79 AVE	MIAMI, FL 33122		STREET ADDRESS 275 NW 48th PL	Miami FL 33126	
CITY-ST-ZIP MIAMI, FL 33122			CITY-ST-ZIP Miami FL 33126		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			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 address, with all other like empowered.					
SIGNATURE: 			Sergio M. Lopez		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/13/04 Daytime Phone # 305-446-2751		