## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000082367

FLORIDA ELECTRICAL SERVICES INC.



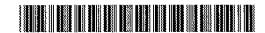
Principal Place of Business

Mailing Address

9361 SW 16TH ST. MIAMI, FL 33165

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## **FILED** Aug 02, 2004 08:00 AM Secretary of State



07072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 04-3706212

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ECHEVERRIA, HECTOR A 9361 SW 16TH ST. MIAMI, FL 33165

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 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 lyided or printed name of registered agent and title it applicable (NOTE, Registered Agent is  |  |        |  |       | required when reinstating)     | DATE   |
|  |  |        | n Campaign Financ<br>und Contribution. | ing 🗆 | \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10.  HILE  NAME  SIREET ADDRESS  CHY-ST-ZIP  | OFFICERS AND DIR<br>D<br>ECHEVERRIA, HECTOR A<br>9361 SW 16TH ST.<br>MIAMI, FL 33165 | ECTORS |  |       |                                | Possess sands  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |        |  |       |                                | U00000168992<br>08/02/04-80005-023 150.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |        |  |       | DO                             | NOT WRITE  |
| HILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |        |  |       | IN '                           | THIS SPACE   |
| THEE<br>NAME<br>STREET ADDRESS<br>CITY STUZIP  |  |        |  |       |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY -ST - ZIP  |  |        |  |       |                                |  |
| 12. Thereby certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this report or supplemental report is yill and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of 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 attemption with an authors, with all other like empowered. |  |        |  |       |                                |  |