DOCUMENT # P02000086506 04-01-2005 90017 035 ***150.0 Extra Name INSG ELECTRIC INC. Image N 102 STREET PD 80X 960455 Principal Place of Business PD 80X 960455 Image N 102 STREET Principal Place of Business PD 80X 960455 Image N 102 STREET ISA STREET PD 80X 960455 Image N 102 STREET ISA STREET PD 80X 960455 Image N 102 STREET ISA STREET PD 80X 960455 Image N 102 STREET ISA STREET PD 80X 960455 Image N 102 STREET ISA State Salas Act. # etc. 03292005 Chg.P Chy A State Chy A State 4. FEI Number Salas Act. # etc. 2D 2000/UV S. Country 5. Country Salas Act. # etc. 2D 3193 - HULD JORGE A SR 1104 STREET Salas Act. # etc. 03292005 Chy P ANILLO JORGE A SR 1104 STREET Salas Act. # etc. 03292005 Chy P CREEDWIT ANILLO JORGE A SR 1104 STREET Salas Act. # etc. 03292005 Salas Act. # etc. Salas Act. # etc. Street Act. # Street Act. # etc. Salas Act. # etc. Salas Act. # etc. Sal	2005 FOR PROFIT CORPORATION ANNUAL REPORT				A	FILED Apr 01, 2005 8:00 am Secretary of State			
Principal Place of Business Mailing Address 1349 SW 103 STREET P. D BOX 9500455 MAMI, FL 33296 Mailing Address 2. Principal Place of Business Suite, Apt. 4, SU 5 Joint, Apt. 4, SU 5 Suite, Apt. 4, Otc. Suite, Apt. 4, SU 5 Suite, Apt. 4, Otc. Suite, Apt. 4, SU 5 Suite, Apt. 4, Otc. City & State 4. FEI Number All, DAT. Country Zib 3/14 SU 4 Country Zib 3/14 SU 4 Country Zib 3/14 SU 4 Country City & State 4. FEI Number Suite, Apt. 4, Country Zip Country Zip Country Zip Country S. Cantificate of States Desired B. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. Lan flemilar with, and the obligations of registered agent. StAPATURE Defense And Diffector Carraphyn Financing State Address Sto. Oo Priceion Carraphyn Financing State Address Sto. Oo Priceion Carraphyn Financing State Address Co Priceion Carraphyn Financong	1. Entity Nam	e	506			04-01-2005	90017 035 ***150	0.00	
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High Amil FL- 54-2067178 Ion A Zip 3143-44444 Country 5. Cartificate of Status Desired \$8.75 Addition S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent ANILLO, JORGE A SR 13439 SW 103 STREET Name Street Address (P.O. Box Number is Not Acceptable) Street Agent MIAMI, FLORIDA, FL 33186 Street Address (P.O. Box Number is Not Acceptable) Street Agent Name Street Address of registered agent. Street Address (P.O. Box Number is Not Acceptable) Street Agent agent or topic registered agent. Street Address (P.O. Box Number is Not Acceptable) Street Agent agent or topic registered agent. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street agent a	1621	4 5W 63AD St.							
219 3193-44464 Country S. Certificate of Status Desired \$8.75 Actilia 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent ANILLO, JORGE A SR 14349 SW 103 STREET Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Poride. Tam familiar with, and the obligations of registered agent. FL Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Street Addres	City & State	, FL.	City & State					plied For Applicable	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the above named entity submits this statement agent and tile # adokable. SIGNATURE Signature, how or pointed name of implasment agent and tile # adokable. (NOTE Registered Agent separate recursed when revealancy) DATE FILE NOWTHI FEEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campeign Financing Trust Fund Contribution. \$\$5.00 May Be Added to Fees DATE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Delete ITTLE P MIAMI, FL 33186 ITTLE MAKE [6] Change [6] Change ITTLE MIAMI, FL 33186 ITTLE ITTLE ITTLE [6] Change [6] Change ITTLE MAKE ITTLE ITTLE ITTLE [6] Change	ANILLO, JORGE A SR 14349 SW 103 STREET			Street Add	tress (P.O. Box Num	ber is Not Acceptable		·····	
FILE NOWITI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE ITTLE NAME STREET ADDRESS CITY ST: 2IP ANILLO, JORGE A SR 14349 SW 103 STREET MIAMI, FL 33186 ITTLE INAME Delate ITTLE NAME STREET ADDRESS CITY ST: 2IP IG2 /44. SW 63 R.b SH: HIG2 /44. SW 64. SH: HIG2 /44. SH: HIG2 /44. SW 64. SH: HIG2 /44. SH: HIG2	the obligat	ions of registered agent.	· · · · · · · · · · · · · · · · · · ·	registered office or re	egistered agent, or b	oth, in the State of Fie	orida. I am familiar with,	and accept	
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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 of the corporation or the receiver or trustee empowered percecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block and that my exercise empowered. SIGNATURE:	indicated of the co changed	I on this report or supplemental report is rporation or the receiver or trustee empi , or on an attachment with an address,	n this filing does not qualify fo s true and accurate and that r owency o pxecute this report with about a like empowered	or the exemption state my signature shall have a required by Chap	d in Section 119.07(3 ve the same legal eff tter 607, Florida Statu	B)(i), Florida Statutes. ect as if made under utes; and that my nam 3/39/05	I further certify that the i oath; that I am an officen the appears in Block 10 o	nformation r or director or Block 11 if	