2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 07, 2004 8:00 am Secretary of State DOCUMENT# P02000089543 06-07-2004 90002 048 ***150.00 1. Entity Name MDC ELECTRIC CORP Principal Place of Business Mailing Address CUUUUUU 5810 SW 113 CT 5810 SW 113 CT MIAMI, FL 33173 MIAMI, FL 33173 3. Mailing Address 06042004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 51-0420864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, ANGEL Street Address 5810 SW 113 CT MIAMI, FL 33173 City 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE MARTINEZ, ANGEL NAME NAME 5810 SW-113 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI., FL 33173 CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Attachment

54056903

June 4, 2004

Florida Department of State **Division Of Corporations** P.O. Box 6198 Tallahassee, Fl 32314

Re: Document #-P02000089543

To whom it may concern,

Please be advised we had not received our Form UBR for 2004 and when we looked on line we noticed your office still had our old address on file. We have made the corrections on the Form so this doesn't happen again next year. Please process this form and check to bring our account ourrent. े अन्तर्भावित्तासम्बद्धाः कृतिस्तारम् । अन्तर्भावस्तारम् ।

"We assure you it will not happen again and if you have any questions plese call me at 786 301-2821.

Thank you for your assistance and we look forward to a favorable response.

Angel Martinez, President