

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91839 008 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000118021**

1. Entity Name

**E & E ELECTRIC, CORP.**

**70051027**

6171 S.W. 20 <sup>TH</sup> STREET MIAMI, FL 33155		6171 S.W. 20 <sup>TH</sup> STREET MIAMI, FL 33155	
2. Principal Place of Business <b>6171 S.W. 20<sup>TH</sup> ST.</b>		3. Mailing Address <b>6171 S.W. 20<sup>TH</sup> ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
4. FEI Number <b>11-3660481</b>		Applied For Not Applicable	
Zip <b>33155</b>	Country <b>US</b>	Zip <b>33155</b>	Country <b>US</b>
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent Name <b>GARCIA, PEDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6171 S.W. 20<sup>TH</sup> STREET</b> City <b>MIAMI</b> FL Zip Code <b>33155</b>	
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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.

SIGNATURE  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May 1 Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	PSTD	TITLE	
NAME	GARCIA, PEDRO	NAME	
STREET ADDRESS	6171 S.W. 20 <sup>TH</sup> STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

13. 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 11 (or on attachment with an address, with all other like empowers).

SIGNATURE:  **Pedro Garcia** 04/21/03  
Daytime Phone #