

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90105 001 ***150.00

DOCUMENT # P02000125005

1. Entity Name
ATI ELEC. REPAIRS, CORP.



Principal Place of Business
1111 SWAN AVENUE
MIAMI SPRINGS, FL 33166

Mailing Address
1111 SWAN AVENUE
MIAMI SPRINGS, FL 33166

50013650



2. Principal Place of Business

7825 SW 28 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152006 Chg-P CR2E034 (11/05)

City & State

MIAMI, FL

City & State

4. FEI Number
43-1985248

Applied For
Not Applicable

Zip

33155

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, LUIS C
1111 SWAN AVE
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name **LUIS C AGUIAR**

Street Address (P.O. Box Number is Not Acceptable)
7825 SW 28 ST

City **MIAMI**

FL

Zip Code

33155

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, typed or printed name of Registered Agent and the F Applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/15/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME AGUIAR, LUIS C
STREET ADDRESS 1111 SWAN AVENUE
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE VP ☒ Delete
NAME AGUIAR, LUIS C
STREET ADDRESS 1111 SWAN AVENUE
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE T ☐ Delete
NAME AGUIAR, LUIS C
STREET ADDRESS 1111 SWAN AVENUE
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE S ☐ Delete
NAME AGUIAR, LUIS C
STREET ADDRESS 1111 SWAN AVENUE
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME **MARIETA ALONSO**
STREET ADDRESS **990 MEADOWLARK AVE**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

Daytime Phone #