2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment

SIGNATE

SIGNATURE:

FILED Mar 19, 2007 08:00 AN Secretary of State DOCUMENT # P03000024061 1. Entity Name JUPITER ELECTRICAL SERVICES, INC Principal Place of Business Mailing Address 2813 SW 129TH AVE 2813 SW 129TH AVE MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 86-1051221 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIMENO, FERNANDO 2813 SW 129TH AVE Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33027 City Zip Code 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 title r applicable, (NOTE-Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete me ☐ Channe □ Addition GIMENO, FERNANDO NAME NAME 2813 SW 129TH AVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY - ST - 769 CITY - ST - ZIP TITLE Defete TITLE ☐ Change ☐ Addition. NAME NAME U00000670683 STREET ADDRESS STREET ADDRESS 03/27/07-80121-018 150.00 CITY-ST-ZIP CITY ST-ZIP IIILE ☐ Delete THILE ☐ Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST ZIP TITE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY ST 71P CRY-S1-ZIP IIILE ☐ Delete IIII Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 is except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11