2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 22, 2007 8:00 am Secretary of State DOCUMENT # P03000034638 01-22-2007 90104 030 ***150.00 1. Entity Name YOSÉFVAR ELECTRIC CORP. Principal Place of Business Mailing Address գլլլլյգթու 13873 SW 256 TERRACE 13873 SW 256 TERRACE HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 3. Mailing Address 13873 SW. 256 Terrale 2. Principal Place of Business - No P.O. Box # Suite. Apt. #, etc. Suite, Apt. #, etc CR2E034 (12/06) 01152007 Chg-P 4. FEI Number Applied For City & State City & State Florida Homeslead 13-4245494 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VARONA, YOSEF Street Address (P.O. Box Number is Not Acceptable) 13873 SW 256 TERRACE HOMESTEAD, FL 33032 Zip Code 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 familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. President ☐ Addition PD TITLE THIF ☐ Delete Varona Vosef 13873 5.W. 256 Terrace VARONA, YOSEF NAME NAME 13873 S.W. 256 TERRACE STREET ADDRESS STREET ADDRESS Homostad CITY-ST-7IP CITY-ST-ZIP HOMESTEAD, FL 33031 Treasurer Change [Hedell, Juan C. 2971 S.W. 16 Terrace Apt #3 ☐ Addition TD TITLE ☐ Delete TITLE MEDELL, JUAN C NAME NAME STREET ADDRESS 2971 S.W. TERRACE APT #8 STREET ADDRESS Miami, Fl 33165 MIAMI, FL 33165 CITY-ST-7IP CITY-ST-ZIP Addition ___ Change Delete TITLE TITLÉ RODRIGUEZ, FREDY NAME NAME 10791 S.W. 51 DRIVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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 trusted 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 other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Yoset Varona / President

FILED