2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114746					FILED			
1. Entity Name A-YAN ELECTRICAL SERVICES, INC.								
					05 JAN 10 PM 1:59			
Principal Place of Business Mailing Address 7058 SW 22ND STREET 7058 SW 22ND STREET MIAMI, FL 33155-1687 MIAMI, FL 33155-1687					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1975	lace of Business) 118 C						
Suite, Apt.	#, etc. 144	144	010	072005 Chg-P	CR2E034 (10/	(8) (5)		
City & State	Miami, FL	City & State, MI a.m.	, FL		El Number 56-2408132		Applied For Not Applicable	
^{Zip} 33/	75 Country USA	Zip 33/75	Country US	A 5. C	Certificate of Status Desire	d ☐ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent	Name .		lame and Address of Ne	w Registered Agent		
GARCIA IORGE GUZMAN				NEW ADDRESS ONLY Address (P.O. Box Number is Not Acceptable) 1 Address (P.O. Box Number is Not Acceptable)				
	33155-1687		197	5 3	W 118	Ct Unit:	144	
			City /	1/4 00	· ·	FL Zip	Code	
8. The above	named entity submits this platement fo	r the purpose of changing its		1/Um registered age		1 .	33/75 with, and accept	
,	ions of registered aftent.	·			D	1/07/14		
SIGNATURE_	Signature, upped of puried name of registered agent	and title # applicable. (NOTE	: Registered Agent signati	re required when re	enstating)	DATE		
FIL After Ma		9. Election Campaig Trust Fund Contr		\$5.00 M Added to F			·	
10.	OFFICERS AND	DIRECTORS Delete	11.		DITIONS/CHANGES TO	OFFICERS AND DIREC		
NAME STREET ADDRESS	GARCIA, JORGE GUZMAN 7058 SW 22ND STREET	L. Deede	NAME STREET ADDRESS	1975	SW 118 CT	Unit: 14	4	
CITY-ST-ZIP	MIAMI, FL 331551687		CITY-ST-ZIP	Mian	oi, FL 3	33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAVIANO, YANELYS MARIA 7058 SW 22ND STREET MIAMI, FL 331551687	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	1975	address SW 1180 mi, Fc 3		· - 1	
TITLE		ielete	TITLE	MILAG	711, 12 3	cha	inge	
NAME Street Address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP				/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		50004 ! 01/31/0501	5523 7 2 009004 **	inge. □ Addition 33 •150.00	
TITLE	- "	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Cha	inge 🔲 Addition	
NAME STREET ADORESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	inge 🗖 Addition	
12. I hereby of indicated of the correctanged,	certify that the information supplied with on this report or supplemental reports poration or the receiver or trustee endo or on an attachment with an address,	this filing does not qualify for true and accurate and that movered to execute this report with all other like empowered.	the exemption state ny signature shall has required by Cha	ed in Section : ave the same to pter 607, Florid	119.07(3)(i), Florida Statut legal effect as if made und da Statutes; and that my r	name appears in Block	the information fficer or director 10 or Block 11 if	
SIGNAT	URE: X ///www				01/07/04	(305)389	1-2800	
İ	SIGNUTURIL WHID TYPED OR I	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Pho	one #	