

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90211 018 ***158.75

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|--|---|---|--|---|-------------------------------|
| DOCUMENT # P03000115325 | | | | | |
| 1. Entity Name ELS. ELECTRICAL LIGHTING & SIGNAGE SERVICES, INC. | | | | | |
| Principal Place of Business 7928 CORAL ST., SUITE 3 HYPOLUXO, FL 33462 | | | Mailing Address P. O. BOX 160871 HIALEAH, FL 33016 | | |
| 2. Principal Place of Business <i>Same as Above</i> | | 3. Mailing Address <i>Same as Above</i> | | | |
| Suite, Apt. #, etc. _____ | | Suite, Apt. #, etc. _____ | | | |
| City & State _____ | | City & State _____ | | | |
| Zip _____ | | Country USA | | Zip _____ | |
| Country USA | | 4. FEI Number 55-0849345 | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JENSEN, JOHN 7917 CORAL ST. HYPOLUXO, FL 33462 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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: DATE: 4/27/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JENSEN, JOHN 7917 CORAL ST. HYPOLUXO, FL 33462 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GOMEZ, JACKIE 7917 CORAL ST. HYPOLUXO, FL 33462 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: | | | Date: 4/27/04 | | Daytime Phone #: 305-804-8357 |