


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000119278</b>		
1. Entity Name DEA ELECTRIC MOTOR REPAIR CORP.		
Principal Place of Business 2520 W. 78TH STREET., BAY #A2 HIALEAH, FL 33016	Mailing Address 2520 W. 78TH STREET., BAY #A2 HIALEAH, FL 33016	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MARQUEZ, ELIER 9343 NW 120TH TERR MIAMI, FL 33018		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARQUEZ, DEMETRIO 8958 N.W. 114TH ST HIALEAH GARDENS, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARQUEZ, ELIER 9353 N.W. 120TH TERR MIAMI, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARQUEZ, ARIEL 8958 N.W. 114TH ST HIALEAH GARDENS, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 all other like empowered.		
SIGNATURE: <b>Elier Marquez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-25-06</b> Daytime Phone # <b>305-819-5006</b>



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>86-1085750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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05/15/06-80039-015 150.00

**DO NOT WRITE  
IN THIS SPACE**