## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 03, 2008 8:00 am DOCUMENT # P03000119478 Secretary of State 1. Entity Name 03-03-2008 90212 044 \*\*\*150 00 SEERAM ELECTRIC, INC. Principal Place of Business Mailing Address 16789 W MAYFAIR DR 16789 W MAYFAIR DR LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business - No P.O. Box # Mailing Address HAUER 4151 Suite, Apt. #, etc Suite, Apt. #, etc 02292008 Chg-P CR2E034 (12/06) 1509 1509 City & State Florid 4. FEI Number City & State Applied For 75-3135262 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOOMAR, L. GREGORY E ESQUIRE 1152 N UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES, FL 33024 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE President Change ☐ Addition SEERAM, RAMESH RAMESH SEERAM 4151 HAVERWILL RD Unit 1509 NAME NAME STREET ADDRESS 16789 W MAYFAIR DR STREET ADDRESS West Palm Beach CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 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 only; 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 time empowered.

FILED