2004 FOR PROFIT CORPORATION

Apr 13, 2004 8:00 am Secretary of State ANNUAL REPORT 04-13-2004 90007 031 ***150.00 **DOCUMENT # P03000133757** 1. Entity Name BAKER ELECTRIC, INC. Principal Place of Business Mailing Address 54032142 25751 SW 152 COURT 25751 SW 152 COURT HOMESTEAD, FL 33032 US HOMESTEAD, FL 33032 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #; etc. Suite, Apt. #, etc. 04092004 CR2E034 (10/03) Chg-P 4. FEI Number 20-0395357 Applied For City & State City & State Not Applicable Zip Country Zip 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 Name BAKER, ROBERT T Street Address (P.O. Box Number is Not Acceptable) 25751 SW 152 COURT HOMESTEAD, FL 33032 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition Delete TITLE Change BAKER, ROBERT T NAME NAME STREET ADDRESS 25751 SW 152 COURT STREET ADDRESS HOMESTEAD, FL 33032 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Defete Change Addition TITLE NAME NAME

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.

STREET ADDRESS

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TITLE

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NAME STREET ADDRESS

> ROBSTT 7-SIGNATURE AND TYPED OR PRINTED

☐ Delete

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☐ Addition

☐ Addition

FILED