


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 018 ***150.00


DOCUMENT # P03000137700	
1. Entity Name ALLPHASE ELECTRICAL SERVICES, INC.	

Principal Place of Business 4257 NW 61ST COURT COCONUT CREEK, FL 33073	Mailing Address 4257 NW 61ST COURT COCONUT CREEK, FL 33073
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2. Principal Place of Business - No P.O. Box # 10275 HIDDEN SPRINGS CT.	3. Mailing Address 10275 HIDDEN SPRINGS CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON, FL.	City & State BOCA RATON, FL.
Zip 33498	Country U.S.A.

40063783



01062008 Chg-P CR2E034 (12/06)

4. FEI Number 56-2417958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAPIRO, ALLEN I 4257 NW 61ST COURT COCONUT CREEK, FL 33073	
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7. Name and Address of New Registered Agent	
Name SHAPIRO, ALLEN I.	
Street Address (P.O. Box Number is Not Acceptable) 10275 HIDDEN SPRINGS CT.	
City BOCA RATON	FL 33498

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 *Allen I Shapiro* **ALLEN I SHAPIRO** **4/1/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAPIRO, ALLEN I 4257 NW 61ST COURT COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAPIRO, ALLEN I. 10275 HIDDEN SPRINGS CT. BOCA RATON, FL. 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *Allen I Shapiro* **ALLEN I SHAPIRO** **4/1/08** **954-600-4606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #