

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90073 016 ***150.00

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1. Entity Name
COBRA ELECTRIC, INC.



Principal Place of Business

**3019 NW 74TH AVE.
MIAMI, FL 33122**

Mailing Address

**P. O. BOX 520022
MIAMI, FL 33152**

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1547308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CINTRON, FRANCISCO J
15746 SW 103RD AVE.
MIAMI, FL 33196**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BONILLA, FRANCISCO N
STREET ADDRESS P. O. BOX 520022
CITY-ST-ZIP MIAMI, FL 33152

TITLE VD
NAME DAGGER, EDWARD M
STREET ADDRESS P. O. BOX 520022
CITY-ST-ZIP MIAMI, FL 33152

TITLE TD
NAME LLIBRE, FELIX F
STREET ADDRESS P. O. BOX 520022
CITY-ST-ZIP MIAMI, FL 33152

TITLE SD
NAME CINTRON, FRANCISCO J
STREET ADDRESS 15746 SW 103RD AVE.
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Florida Dept. of State
Division of Corporations
PO Box 8700
Tallahassee, FL 32314

July 5, 2007

40124135
#PO3000146323

To Whom It May Concern:

As per instructions on the Dept. of State automated telephone service, this is our written confirmation that prior notice was not received for the annual corporation fee. Please find our \$150 payment enclosed. Thank you.

Alexis Bonilla
Cobra Electric Inc.