2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148743

LINARES, MANUEL J

PEMBROKE PINES, FL 33026

11710 TAFT ST.

Name:

Address:

City-St-Zip:

Entity Name: MANUEL LINARES ELECTRIC, INC.

FILED Apr 20, 2005 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:	
11710 TAF PEMBRO	FT ST. KE PINES, FL	33026		
Current M	lailing Addre	ss:	New Mailing Address:	
11710 TAF PEMBROF	FT ST. KE PINES, FL	33026		
FEI Number	: 36-4545352	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
11710 TAF	MANUEL J FT ST. KE PINES, FL	33026 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
Electronic Signature of Registered Age			ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LINARES, MAI 11710 TAFT S		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LINARES, MAI 11710 TAFT S		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LINARES, MIR 11710 TAFT S		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	т () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL LINARES PRES 04/20/2005