## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000153446

H & B ELECTRICAL INC.



**FILED** Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

9092 NW SOUTH RIVER DRIVE

#55

MEDLEY, FL 33166

Mailing Address

9092 NW SOUTH RIVER DRIVE

#55

DO NOT WRITE IN THIS SPACE

MEDLEY, FL 33166



04032008

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	55-0854637

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZELAYA, HENRY 9092 NW SOUTH RIVER DR SHITE 55

MIAMI, FL 33166			IN THIS SPACE		
	named entity submits this statement for the parties of registered agent.	purpose of changing its register	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable (NOTE Registere	d Agent signature required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT P ZELAYA, HENRY 9092 NW SOUTH RIVER DRIVE #55 MEDLEY, FL 33166	CTORS		innonneársea	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04/23/08-80031-014 150.00	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DQ	NOT WRITE	
TITLE NAME			I STATE OF THE STA	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 flustree expowered 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 attachmer with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #