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**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90031 004 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

66012430

<b>DOCUMENT # P04000013835</b> 1. Entity Name <b>MARIO A. NEREY ELECTRICAL CONTRACTOR, CORP.</b>			
Principal Place of Business <b>4955 NW 199TH ST, # 351          MIAMI, FL 33055</b>		Mailing Address <b>4955 NW 199TH ST, # 351          MIAMI, FL 33055</b>	
2. Principal Place of Business Sube, Apt. #, etc.		3. Mailing Address Sube, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>65-0551648</b>		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 <b>NEREY, MARIO A          4955 NW 199TH ST, # 351          MIAMI, FL 33055</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PVST</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>NEREY, MARIO A</b>		NAME	
STREET ADDRESS <b>4955 NW 199TH ST, # 351</b>		STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI, FL 33055</b>		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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.			
SIGNATURE: 		3-10-05 305-372-4963	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day/Mo/Yr</small>	