2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000026602** 05-02-2005 90471 017 ***150.00 1. Entity Name G.QUALITY ELECTRIC, INC. Principal Place of Business Mailing Address 1437 GRAND RESERVE DR 1437 GRAND RESERVE DR DAVENPORT, FL 33837 DAVENPORT, FL 33837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 20- o7336*85* Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVERA -PEREZ, GONZALO Street Address (P.O. Box Number is Not Acceptable) 1437 GRAND RESERVE DR DAVENPORT, FL 33837 Zip Code 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition RIVERA -PEREZ, GONZALO NAME NAME STREET ADDRESS STREET ADDRESS 1437 GRAND RESERVE DR CITY-ST-ZIP DAVENPORT, FL 33837 CITY-ST-7IP VΡ TITLE ☐ Change ☐ Addition Delete TITLE RIVERA -PEREZ, GONZALO NAME NAME 1437 GRAND RESERVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33837 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME RIVERA -MEDEL, GONZALO STREET ADDRESS STREET ADDRESS 1437 GRAND RESERVE DR DAVENPORT, FL 33837 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE RIVERA -PEREZ, VICENTE NAME 1437 GRAND RESERVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33837 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME

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 actions. With all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED