2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000047650

1. Entity Name
R & D OF MIAMI ELECTRIC COMPANY INC.

Principal Place of Business	Malling Address
PO BOX 772275 CORAL SPRINGS, FL 33077	PO BOX 772275 CORAL SPRINGS, FL 33077

04162007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
75-3200305	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ROBIN
11460 W SAMPLE ROAD
8
CORAL SPRINGS, FL 33065

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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 $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RIVERA, ROBIN
STREET ADDRESS	11460 W SAMPLE ROAD
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	VP
NAME	RIVERA, DARLENE
STREET ADDRESS	11460 W SAMPLE ROAD
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/01/07-80076-002 150.00

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 #