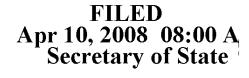
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400047650 1. Entity Name R & D OF MIAMI ELECTRIC COMPANY INC. Principal Place of Business P0 80X 772275 P0 B0X 772275







CORAL SPRINGS, FL 33077

DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3200305

S. Certificate of Status Desired

4. FEI Number
75-3200305

Not Applied For

6. Name and Address of Current Registered Agent

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

CORAL SPRINGS, FL 33077

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Floric	la. I am familiar with	and accept
SIGNATURE				a required when reinstating)	DATE		
FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U000008 04/22/08-6	89860 80070-015 1	50 OO
10.	OFFICERS AND DIREC	CTORS	v. extens		Soffic silvin selekin	ACAMA SA	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P RIVERA, ROBIN 11460 W SAMPLE ROAD CORAL SPRINGS, FL 33065						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERA, DARLENE 11460 W SAMPLE ROAD CORAL SPRINGS, FL 33065						47.58 March 1977
TITLE NAME STREET ADDRESS CITY-ST-ZIP				* DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental 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 feceiver 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 all address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZAP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-673-686

108