

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061229

FILED
Feb 05, 2009
Secretary of State

Entity Name: ALL ELECTRICAL SOLUTIONS INC.

Current Principal Place of Business:

29481 SOUTHWEST 194 AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

29481 SOUTHWEST 194 AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-0992743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, TOMAS
29481 SW 194 AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SANCHEZ, TOMAS
Address: 29481 SOUTHWEST 194 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: VPST () Delete
Name: SANCHEZ, MARIANA
Address: 29481 SOUTHWEST 194 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: SEC () Delete
Name: SANCHEZ, DYANA
Address: 29481 SOUTHWEST 194 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: TRS () Delete
Name: SANCHEZ, JENNIFER S
Address: 29481 SOUTHWEST 194 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANA SANCHEZ

VPST

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date