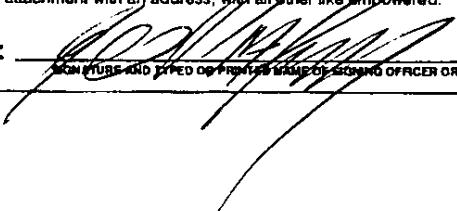


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
May 20, 2005 8:00 am
Secretary of State**

04-22-2005 90304 036 ***150.00

DOCUMENT # P04000073828							
1. Entity Name P & S ELECTRICAL CONTRACTORS HIGH GRADE, INC.							
Principal Place of Business 107 NE 25TH STREET MIAMI FL 33137		Mailing Address 107 NE 25TH STREET MIAMI FL 33137					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent PALMA, JULIO C 1220 NE 96TH STREET MIAMI SHORES FL 33138				4. FEI Number 20-1103791	Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL 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 registering) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
<p>TITLE: PTD NAME: PALMA, JULIO STREET ADDRESS: 1220 NE 96TH STREET CITY-ST-ZIP: MIAMI SHORES FL 33138</p> <p><input type="checkbox"/> Delete</p>				<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>			
<p>TITLE: VSD NAME: SANTANA, JOSE M STREET ADDRESS: 20127 SW 54TH PLACE CITY-ST-ZIP: PEMBROKE PINES FL 33332</p> <p><input type="checkbox"/> Delete</p>				<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>			
<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Delete</p>				<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>			
<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Delete</p>				<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>			
<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Delete</p>				<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>			
<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Delete</p>				<p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
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: 				5/16/05	305-576-8801	Daytime Phone #	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							