2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM DOCUMENT # P04000116479 **Secretary of State** 1. Entity Name DONALD MARESE ELECTRIC, INC. Principal Place of Business Mailing Address 1301 WASHINGTON STREET 1301 WASHINGTON STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. GR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 51-0518737 Not Applicable \$8.75 Additional Zip Country Z≀o Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code City 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May 8c 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Acres Delete TITLE Change : TITLE PSTO 1000000413158 NAME NAME MARESE, DONALD 02/10/06-80076-022 150.00 STREET ADDRESS STREET ADDRESS 1301 WASHINGTON STREET HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ AAA® ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-782 CITY ST- ZIP ☐ Delete Change ☐ Aặ₫% TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-7IP CITY-ST-ZIP ☐ Change ASS. ☐ Defete tin e TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Adisti. ☐ Delete TITLE ☐ Change IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CVTY - ST- 7/P ☐ Change THLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath, that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: Novalat Marcse, President 1/29/06 954-924-0030