

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90111 047 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000162441			
1. Entity Name ELECTRIC CONTROL INTERNATIONAL, CO.			
Principal Place of Business 8300 W 8TH AVE HIALEAH, FL 33014		Mailing Address 8300 W 8TH AVE HIALEAH, FL 33014	
2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1954076		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRA, ALBA M 8300 W 8TH AVE HIALEAH, FL 33014		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: State: 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 this State or Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE: <i>Alba M Parra</i> <i>Presidente</i> DATE: <i>May 4/05</i> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign and date must be in ink and original)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRA, ALBA M 10820 WASHINGTON ST #208 PEMBROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVALES, RAUL A 6315 GAGE PLACE MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOVALES, ROALD 6380 MILK WAGON LANE MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(a), 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 individual trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other like empowered.