2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUL 31 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000014822

1. Entity Name
ACCURATE ELECTRIC MOTORS & PUMP REPAIR, INCORPORATED

Principal Address	Mailing Address
1031 NE 1ST AVENUE POMPANO BEACH, FL 33060 US	1031 NE 1ST AVENUE POMPANO BEACH, FL 33060 US

04/28/06 90210 022 $150.00
04202006 Chg-P CR2E034 (11/05)

2. Principal Address: 842 NE 41ST PLACE
Suite, Apt. # or Bldg.:
City & State: DEERFIELD BCH, FL
Zip: 33064
County:

3. Mailing Address: SAME
Suite, Apt. # or Bldg.:
City & State:
Zip:
County:

4. FEI Number: 20-2663861

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART, GRACELYN V CPA
261 NW 46TH STREET
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number not Acceptable):
City: FL

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.

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P/T Name: EMMANUEL, JUSTIN Address: 1031 NE 1ST AVENUE City-St-Zip: POMPANO BEACH, FL 33060	☐ Delete	Title Name Street Address City-St-Zip
Title: VP Name: EMMANUEL, VICTORIA Address: 1031 NE 1ST AVENUE City-St-Zip: POMPANO BEACH, FL 33060	☐ Delete	Title Name Street Address City-St-Zip
Title Name Address City-St-Zip	☐ Delete	Title Name Street Address City-St-Zip
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Title Name Address City-St-Zip	☐ Delete	Title Name Street Address City-St-Zip
Title Name Address City-St-Zip	☐ Delete	Title Name Street Address City-St-Zip JC 8/2

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 with an address, with all other like empowered.

SIGNATURE: Emmanuel 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR