
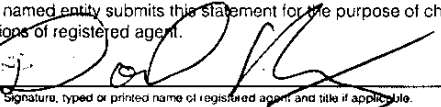
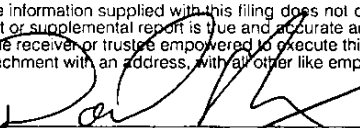


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90031 014 \*\*\*150.00

<b>DOCUMENT # P05000032779</b> 1. Entity Name <b>SUPERIOR ELECTRIC OF THE FLORIDA KEYS INC.</b>					
Principal Place of Business <b>500 82ND STREET, OCEAN MARATHON, FL 33050</b>			Mailing Address <b>PO BOX 522672 MARATHON, FL 33052</b>		
2. Principal Place of Business - No P.O. Box # <b>306 B. N. Anglers Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO</b> Suite, Apt. #, etc.			
City & State <b>Marathon Florida</b> Zip <b>33050</b>		City & State  Zip  Country <b>USA</b>		4. FEI Number <b>20-4374665</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, DAVID 500 82ND STREET, OCEAN MARATHON, FL 33050</b>			7. Name and Address of New Registered Agent Name <b>David Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>306 B. N. Anglers Drive</b> City <b>Marathon</b> FL Zip Code <b>33050</b>		
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  DATE <b>2-19-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <b>RODRIGUEZ, DAVID</b> <input type="checkbox"/> Delete <b>500 82ND STREET, OCEAN</b> <b>MARATHON, FL 33050</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>David Rodriguez</b> <b>306 B. N. Anglers Dr</b> <b>Marathon A. 33050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>NETTLES, SHELDON</b> <input type="checkbox"/> Delete <b>500 82ND STREET, OCEAN</b> <b>MARATHON, FL 33050</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sheldon Nettles</b> <b>2367 Benttree Rd. Apt. 2324</b> <b>Palm Harbor FL. 34683</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date <b>2-19-08</b> Daytime Phone # <b>305-396-3404</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					