2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # P05000043143 1. Éntity Name DEL TORO ELECTRIC, INC. Principal Place of Business Mailing Address 4131 SW 112 CT MIAMI FL 33165 4131 SW 112 CT **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEL TORO, JUAN C Street Address (P.O. Box Number is Not Acceptable) 4131 SW 112 CT **MIAMI FL 33165** City 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 preted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change Addition NAME DEL TORO, JUAN C NAME STREET ADDRESS U00000450432 4131 SW 112 CT STREET ADORESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-7/P 03/10/06-80006-011 150.00 Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I 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 oath, that I am an officer or director of the corporation or the receiver of 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 that my name appears in Block 10 or Block 11 is changed, or on an attachment that my name appears in Block 10 or Block 11 is changed, or on an attachment that my name appears in Block 10 or Block 11 is changed.

12/05 3/ 305) 345313: