

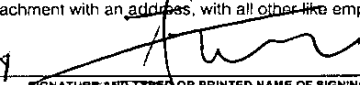


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90063 045 ***158.75

DOCUMENT # P05000057071 1. Entity Name UNITED CONSTRUCTION ELECTRIC & SUPPLY CORP.					
Principal Place of Business 7920 HARDING AVE MIAMI BEACH, FL 33041				Mailing Address 7920 HARDING AVE MIAMI BEACH, FL 33041	
2. Principal Place of Business 210- 71 ST Suite, Apt. #, etc. 311		3. Mailing Address PO BOX 13068 Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL		City & State MIAMI, FL		4. FEI Number 20-2686703	
Zip 33141		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FULLANA, JORGE 7920 HARDING AVE MIAMI BEACH, FLORIDA, FL 33041		7. Name and Address of New Registered Agent Name J&S LAW OFFICES Street Address (P.O. Box Number is Not Acceptable) 210- 71 ST, SUITE 311 City MIAMI BEACH FL Zip Code 33141			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLANA, JORGE 7920 HARDING AVE MIAMI BEACH, FL 33041	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARDOZO, LUIS A 2903 SW 195 TR MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 		JORGE FULLANA		02/03/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	