2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

,	74101074			 	_		e e	
DOCUMENT # P05000109630 1. Enlity Name BUAC ELECTRIC INC.						04-03-200	6 90357 013 ***1:	50.00
Principal Place of Business Mailing Address					- VIIDA CO.			
3327 OCIO STREET 3327 OCIO STREET					30			
HOLIDAY, FL 34690 HOLIDAY, FL					1	. •		
1				•	1 18811891 101		! B	!! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Numbe 20~	327054	10 A	oplied For ot Applicable
Zip	Country	Zíp	Countr		5. Certificate	of Status Desired	See Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Agent	
				Name				
BUAC, RAJKO 3327 OCIO STREET			F	Street Address (P.O. Box Number is Not Acceptable)				
1	FL 34690		-					
				City			FL Zip Cod	e
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 printed name of registered agent and title if applicable. (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 \$5.00 May Be Added to Fees								
10.	10. OFFICERS AND DIRECTORS 11				ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	Р	☐ Delete TITL					☐ Change	Addition
NAME	BUAC, RAJKO	·		1				
STREET ADDRESS CITY-ST-ZIP	- ' · · · · · · · · · · · · · · · · · ·		CITY-S	T ADDRESS				
TITLE	HOLIDAT, TE 04000	☐ Delete Tift		37 EN			☐ Change	☐ Addition
NAME			NAME				Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP				ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
NAME		Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME				_ •	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP				ST-ZIP		 		
NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS				T ADDRES\$				
CITY-ST-ZIP				ST-ZIP				
40 Dharaba	certify that the information supplied wi	b this files does not explify for			110	Flacida Otationa	1.4 - 41 416 - 31 4 - 41 1	ala ala

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.

GNATURE:

BUACE

CONTROLLED

CONTROL

SIGNATURE: _

Railo Buac RATKO
PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-817-0495

Daytime Phone #