2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AM Secretary of State

DOCUMENT # P05000113084 1. Entity Name BRANDON ELECTRICAL, INC.						Secretary of St
Principal Plac P.O. BOX 52 MIAMI, FL 3	3784	Mailing Address P.O. BOX 523784 MIAMI, FL 33152			1616 ANN 1814 1814 1866	
DO NOT WRITE IN THIS SPAC			CE	01312008 4. FEI Numbe 43-208	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current Re	gletored Agent	ı	5. Certificate	of Status Desired	Fee Required
CASTRO, MARIBEL 19001 WENTWORTH DRIVE MIAMI, FL 33016			DO NOT WRITE IN THIS SPACE			
 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 						
SIGNATIONS Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		
10. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CASTRO, MARIBEL P.O. BOX 523784 MIAMI, FL 33152	RECTORS				0922818 -80005-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT WI	

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 of the part of the changed or on an attachment of the part of the changed or on an attachment of the part of the changed or on an attachment of the part of the changed or on an attachment of the part o

SIGNATURE: ____

STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 &00)755-8023