


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90031 012 \*\*\*150.00

<b>DOCUMENT # P05000128645</b>					
<b>1. Entity Name</b> RUANO AND ABRAHAM ELECTRIC SERVICE INC					
<b>Principal Place of Business</b> 1615 NW 9TH TERRACE CAPE CORAL, FL 33993			<b>Mailing Address</b> 1615 NW 9TH TERRACE CAPE CORAL, FL 33993		
<b>2. Principal Place of Business</b> 2202 SW 26TH ST		<b>3. Mailing Address</b> 2202 SW 26TH ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CAPE CORAL FL		<b>City &amp; State</b> CAPE CORAL FL		<b>4. FEI Number</b> 20-3501170	
<b>Zip</b> 33914		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RUANO, PEDRO A 1615 NW 9TH TERRACE CAPE CORAL, FL 33993			<b>7. Name and Address of New Registered Agent</b> Name: RUANO PEDRO A Street Address (P.O. Box Number is Not Acceptable): 2202 SW 26TH ST City: CAPE CORAL FL Zip Code: 33914		
<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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>2/14/06</u> <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</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P. NAME: RUANO, PEDRO A. STREET ADDRESS: 1615 NW 9TH TERRACE CITY-ST-ZIP: CAPE CORAL, FL 33993 <input type="checkbox"/> Delete			TITLE: P. NAME: RUANO PEDRO A. STREET ADDRESS: 2202 SW 26TH ST CITY-ST-ZIP: CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: T. NAME: ABRAHAM, BIENVENIDO STREET ADDRESS: 2215 NW 5TH TERRACE CITY-ST-ZIP: CAPE CORAL, FL 33993 <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		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/14/06</u> (239) 707-7454 <small>Daytime Phone #</small>		