


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90015 044 \*\*\*150.00

**DOCUMENT # P06000009989**  
 1. Entity Name  
**A ABLE ELECTRIC, INC.**




Principal Place of Business      Mailing Address  
**19710 SW 99TH CT.**      **19710 SW 99TH CT.**  
**MIAMI, FL 33157-8603**      **MIAMI, FL 33157-8603**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**  
**SCHIFFRIN, MICHAEL ESQ.**  
**19710 SW 99TH CT.**  
**MIAMI, FL 33157-8603**

**40110207**  
  
 07072008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**51-0565079**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when consenting)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STEVENSON, GREGG</b> <b>19710 SW 99TH CT.</b> <b>MIAMI, FL 331578603</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gregg Stevenson*      7/11/08      (305) 254-4829  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #