

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90007 036 ***150.00

DOCUMENT # P06000037010

1. Entity Name
BIENVENIDO ELECTRIC SERVICE INC



Principal Place of Business
**2215 NW 5TH TERRACE
CAPE CORAL, FL 33993**

Mailing Address
**2215 NW 5TH TERRACE
CAPE CORAL, FL 33993**

2. Principal Place of Business - No P.O. Box #
403 NW 24th PL

Suite, Apt. #, etc.

3. Mailing Address
403 NW 24th PL

Suite, Apt. #, etc.

4005035



05212007 Chg-P CR2E034 (12/06)

City & State
CAPE CORAL FL

Zip
33993

Country
USA

City & State
CAPE CORAL FL

Zip
33993

Country
USA

4. FEI Number
20-4505035

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABRAHAM, BIENVENIDO
2215 NW 5TH TERRACE
CAPE CORAL, FL 33993**

7. Name and Address of New Registered Agent

Name
ABRAHAM, BIENVENIDO
Street Address (P.O. Box Number is Not Acceptable)
403 NW 24th PL
City
CAPE CORAL FL Zip Code
33993

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]* **PRESIDENT** **02/22/08**
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ABRAHAM, BIENVENIDO	
STREET ADDRESS	2215 NW 5TH TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PILETA, CIRA	
STREET ADDRESS	2215 NW 5TH TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, BIENVENIDO	
STREET ADDRESS	403 NW 24th PL	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILETA, CIRA	
STREET ADDRESS	403 NW 24th PL	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **02/22/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #