2010

# 20__ FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000073845

1. Entity Name
H & E INSTALLER CORP.

FILED
10 MAY -5 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 7615 SW 129 COURT<br>MIAMI, FL 33183 | 7615 SW 129 COURT<br>MIAMI, FL 33183 |

01192008 Chg-P CR2E034 (12/06)

| 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 |

4. FEI Number: 20-4929045 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEVEZ, HECTOR
7615 SW 129 COURT
MIAMI, FL 33183

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 ____ 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, 2008 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | P D | ☐ Delete |
| NAME | ESTEVEZ, HECTOR | |
| STREET ADDRESS | 7615 SW 129 COURT | |
| CITY-ST-ZIP | MIAMI, FL 33183 | |
| TITLE | ~~TD~~ VP. D | ☒ Delete |
| NAME | SOBRADO, ANGEL LAZARO | |
| STREET ADDRESS | 505 NW 98 CT. | |
| CITY-ST-ZIP | MIAMI, FL 33172 | |
| TITLE | SD TRIANA Alberto | ☒ Delete |
| NAME | 7001 West 35 Ave Apt 241 | |
| STREET ADDRESS | HIALEAH, FL 33018 | |
| CITY-ST-ZIP | | |
| TITLE | SD ARIEL JIMENEZ | ☒ Delete |
| NAME | 12320 SW 21 ST | |
| STREET ADDRESS | MIAMI FL 33170 | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300180660813<br>05/10/10--01002--021 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RH | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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: Hector Estevez 04/25/10 305-401-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #