

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90213 042 \*\*\*158.75

**DOCUMENT # P06000103665**

1. Entity Name  
**ADVANCE ELECTRICAL & COMMUNICATION, CORP**



Principal Place of Business  
**6709 NW 189 ST  
HIALEAH, FL 33015**

Mailing Address  
**6709 NW 189 ST  
HIALEAH, FL 33015**

2. Principal Place of Business - No P.O. Box #  
**6461 SW 42 TER**

3. Mailing Address  
**6461 SW 42 TER**



01052007 Chg-P CR2E034 (12/06)

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**20-5362866**

Applied For  
☐ Not Applicable

Zip  
**33155**

Country  
**USA**

Zip  
**33155**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**GARMON, WALTER  
6709 NW 189 ST  
HIALEAH, FL 33015**

7. Name and Address of New Registered Agent

Name  
**GARMON, WALTER**

Street Address (P.O. Box Number is Not Acceptable)  
**6461 SW 42 TER**

City  
**MIAM**

FL

Zip Code  
**33155**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
GARMON, WALTER  
6709 NW 189 ST  
HIALEAH, FL 33015** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
ALANIZ, FEDERICO F  
6461 SW 42 TERR  
MIAMI, FL 33155** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**---** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**---** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**---** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
**---** ☐ Change ☐ Addition

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:

**WALTER GARMON**

**01-05-07 305-986-8253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #