## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P07000012980 01-10-2008 90009 033 \*\*\*150.00 1. Entity Name ELECTRICAL IMPORTERS INC. Principal Place of Business Mailino Address 70000120 3971 CRESCENT CREEK PLACE 3971 CRESCENT CREEK PLACE COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business - No P.O. Box # Mailing Address 3911 5.W. 47 AVE 3911 5.W. 47 AVE Suite, Apt. #, etc. Suite, Apt. #, etc UNIT 409 01082008 CR2E034 (12/06) UNIT 909 4. FEI Number 20-8386435 City & State Applied For FL DAVIE DAVIE . Not Applicable Zip 33314 Country Country 5.4 \$8.75 Additional 5. Certificate of Status Desired U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL L. BRODY GUIDO, DEBI Glreet Address (P.O. Box Number is Not Acceptable) 3971 CRESCENT CREEK PLACE COCONUT CREEK, FL 33073 UNIT 909 City DAVIE . . 33314 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 MICHAEL L. BRODY 1-8-08 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution V. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT ☐ Addition TITLE X Defete HH F Change . MICHAEL L. BRODY 3911 S.W. 47 AVE, UNIT 909 GIUDO, DEBI NAMI NAME STREET ADDRESS 3961 CRESCENT CREEK PLACE STREET ADDRESS COCONUT CREEK, FL 33073 CITY ST ZIP DAVIE, FL 33314 CITY-ST-ZIP THEE ☐ Change ☐ Addition TITLE Delete HAAH NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIE ☐ Delete TITLE ☐ Change Addition NAME MANU STREET ADDRESS STREET ADDRESS CITY SE-ZIP CITY-ST-ZIP Delete THE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIE ☐ Delete HILL Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY ST ZIP Addition Delete uns ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS DILY ST ZIP CITY - ST- ZIP 12. Thereby certify that the information supplied with this filling 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.

MICHAEL L. BRUDY ALGIDENT, 1-8-08 954-583-8540

FILED Jan 10, 2008 8:00 am