


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90020 040 ***150.00

DOCUMENT # P07000071653

1. Entity Name
MODERN CONNECTION ELECTRIC, INC.



Principal Place of Business Mailing Address
2312 NE 37 RD **2312 NE 37 RD**
HOMESTEAD, FL 33033 **HOMESTEAD, FL 33033**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number
26-0395823

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIU, JUAN FRANCISCO
2312 NE 37 RD
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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 re-registering) 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	PD	<input type="checkbox"/> Delete
NAME	CHIU, JUAN FRANCISCO	
STREET ADDRESS	2312 NE 37 RD	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARCIA, MIGUEL	
STREET ADDRESS	10001 SW 37 TERR	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANTANA, FRANK	
STREET ADDRESS	2312 NE 37 RD	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTINEZ, FELIPE	
STREET ADDRESS	2312 NE 37 RD	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vicepresident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia, Miguel	
STREET ADDRESS	2312 NE 37rd	
CITY-ST-ZIP	Homestead, FL 33033	
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]* _____ *[Date]* _____ *[Printed Name]*