


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90198 041 ***158.75

DOCUMENT # P07000100315 1. Entity Name T.A.MOSS ELECTRIC, INC.					
Principal Place of Business 2935 NW 50 ST MIAMI, FL 33142			Mailing Address 2935 NW 50 ST MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box # 1830 NW 190 TER.		3. Mailing Address 1830 NW 190 TER			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI GARDENS, FL		City & State MIAMI GARDENS, FL		4. FEI Number 83-0493482	
Zip 		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSS, TYRONE A SR. 2935 NW 50 ST MIAMI, FL 33142			7. Name and Address of New Registered Agent Name TYRONE A. MOSS, SR. Street Address (P.O. Box Number is Not Acceptable) 1830 NW 190 TER City MIAMI GARDENS FL Zip Code 33056		
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 <u><i>Tyrone A. Moss Sr.</i></u> Feb 28, 2008 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MOSS, TYRONE A SR. 2935 NW 50 ST MIAMI, FL 33142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOSS, TYRONE A SR. 2935 NW 50 ST MIAMI, FL 33142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOSS, TYRONE A JR. 2935 NW 50 ST MIAMI, FL 33142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, TAMMY D 2935 NW 50 ST MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MOSS, TYRONE A. SR. 1830 NW 190 TER MIAMI GARDENS, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOSS, TYRONE A. SR. 1830 NW 190 TER MIAMI GARDENS, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	YP MOSS, TYRONE A. JR. 1830 NW 190 TER MIAMI GARDENS, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOSS, VERONICA J. 1830 NW 190 TER MIAMI GARDENS, FL 33056	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>Tyrone A. Moss Sr.</i></u> Feb 28, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					