2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM DOCUMENT # P92000009698 1. Entity Name **Secretary of State** A-TECH ELECTRIC, INC. Principal Place of Business Mailing Address 4701 SW 45TH ST BLDG 18 BAY 14 FT LAUDERDALE FL 33314 PO BOX 840532 PEMBROKE PINES FL 33084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0380896 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN THIRER PA Street Address (P.O. Box Number is Not Acceptable) 2717 W CYPRESS CREEK RD FT LAUDERDALE FL 33309 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) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME DANIELS, WILLIAM NAMI U00000217732 STREET ADDRESS 4701 SW 45TH ST BLDG 18 BAY 14 STREET ADDRESS 02/07/05-80034-007 150.00 CITY - ST - ZIP FT LAUDERDALE FL 33314 CITY-ST-ZIP THILE ☐ Delete ☐ Change ☐ Addition BACOPOULOS, PETER NAME STREET ADDRESS 4701 SW 45TH ST BLDG 18 BAY 14 STREET ADDRESS CITY-ST-ZIF FT LAUDERDALE FL 33314 CITY-ST-7IP TITLE ☐ Delete THEF Change Addition Addition NAME NAAIF STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7P TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IE CHY-SI-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 attacyment with an address, with all other like empowered

Meter BACIPONOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE:

· FILED