

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90039 045 \*\*\*550.00

**DOCUMENT # P93000088156**

1. Entity Name  
**AMPERIO ELECTRIC, INC.**



Principal Place of Business  
**8112 NORTH 9TH STREET  
TAMPA, FL 33604-3111**

Mailing Address  
**8112 NORTH 9TH STREET  
TAMPA, FL 33604-3111**



08022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3223749**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SANFORD, CHARLES R  
8112 NORTH 9TH STREET  
TAMPA, FL 33604-3111**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 14, 2007**

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	PD PEREZ, LILLIAN 8311 REGINA PLACE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SANFORD, CHARLES R 1400 GRASSLANDS BLVD. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, TRACIE B 2512 THORNBROOK PL. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SANFORD, M C 2027 WOODBRIDGE LANE LAKELAND, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Lillian C Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/28/2007* *813-918-5732*  
Date Daytime Phone #