


**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90234 038 \*\*\*163.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # P94000014431</b>  |   |   |   |
| 1. Entity Name<br><b>AMPRO ELECTRIC COMPANY OF MIAMI, INC.</b>  |   |  |   |
| Principal Place of Business<br><b>581 NW 162 AVE<br/>PEMBROKE PINES, FL 33028</b>   |   | Mailing Address<br><b>581 NW 162 AVE<br/>PEMBROKE PINES, FL 33028</b>  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country   |
|   |   | 04122004 Chg-P CR2E034 (10/03)   |   |
|   |   | 4. FEI Number<br><b>65-0472974</b>   | Applied For<br>Not Applicable                                     |
|   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><b>GONCALVES, CARLOS<br/>13800 S.W. 8TH ST.<br/>BOX 259<br/>MIAMI, FL 33184</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____  |   |  |   |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>       |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>GONCALVES, CARLOS<br>379 SW 164 AVE<br>PEMBROOK PINES, FL 33027 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>ABREU, MARIA E<br>571 E 46 ST<br>HAILEAH, FL 33013 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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>Carlos Goncalves</u>  |   | Date: <u>4-20-04</u> Daytime Phone #: <u>954-225-4923</u>  |   |