## FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90269 043 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000014431  1. Entity Name AMPRO ELECTRIC COMPANY OF MIAMI, INC.							4.0			
Principal Place of Business 581 NW 162 AVE PEMBROKE PINES, FL 33028				Mailing Address S81 NW 162 AVE PEMBROKE PINES, FL 33028		14010270				
2. Principal Place of Business 2. Malling Address					<u></u>					
Suite, Apr. #, etc.			Suite, Apt. #, etc	Suite. Apt. #, etc.			Chg-P	CR2E03	4 (10/03)	
City & State - :			City & State			4. FEI Number 65-0472974			Applied For Not Applicable	
Zip		Country	Zip	Cour	nby		of Status Desired	<u> </u>	8.75 Add	
	5. Name	and Address of Cur	ent Registered Agent		7. Name and Address of New Registered Agent Name					
GONCALVES, CARLOS 13800 S.W. 8TH ST BOX 259					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33184					City			FL	Zip Cod	
8. The above	named entit	v submits this stateme	int for the purpose of chang	oina its register	red office or registe	red agent, or bo	oth in the State of Flo		rniller with.	and accept
	tions of regist									
	Signature, typed	or proted name of registered	agent and the II applicable.	(NOTE: Regulator	red Agent signature require	d when rensusing)		DATE		
		FEE IS \$150.00 5 Fee will be \$5		Cempaign Pina d Contribution		.00 May Bo led to Fees				
10.		OFFICERS A	AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF			
TITLE	PD GONCAL	VES, CARLOS	☐ Delet	le Ⅲ					Cyauds	☐ Addition
STREET ADDRESS CITY-ST-ZIP	379 SW 164 AVE 5				REET ADDRESS Y-ST-ZIP					
TITLE NAME	TO ABREU, N	400IA E	☐ Delet	le स्ति। NAI					Changa 🗆	☐ Addition
STREET ADDRESS	571 E 46				NEET ACIONESSS					
CTY-SI-ZP					1.81.7P				<u> </u>	I'' Larman
TITLE NAME			☐ Delef	te Titi . Maj					☐ Change	Adatton
STREET ADDRESS CITY+ST-ZIP					PEET ADORESS Y-ST-ZIP					
TITLE	<del>  -</del>		□ Delet						☐ Changs	Addition
NVME			_ 54#	N/V	ME Ì					
STREE! ADDRESS City-St-Zip					REET ADORESS Y-ST-ZIP					
TITLE			☐ Delet	ודוד פ	ut				Change	Addition
NAME STREET ADDRESS	1			HAMA STA	ME NEET AODRESS					ļ
CITY-ST- AP					Y-51-ZIP					
- IITLE NAME			☐ Delet	•					Change	☐ Addtfon
STREET ADDRESS CITY-ST-ZIP					NE REET ADORESS Y-ST-ZIP					
	certify that the on this report poration or the	e information aupplied it or supplemental rep ne receiver or trustee i	with this filling does not quotife true and accurate and accurate and accurate this			action 119.07(3) same legal effec 7, Rorida Statut	(i), Florida Statutes. In as If made under ones; and that my name	further certificath; that I and expenses in	ly that the in n an officer Block 10 or	formation or director Block 11 if
12. I hereby certify that the information aupplied with this filting 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 to true and accutate and that my eigneture shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or visities empowered to execute this report as required by Chepter 807, 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:  Carlos Goncalves  04/25/05/954/276-763/										
		SIGNATURE AND TYPE	OR HENTED HAME OF SIGNING	DIFFICIEN ON DIREC	TOR		Deser	Day	dine finane #	