FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:53

DOCUMENT # P94000030627 (1)

1. Corporation Name
ELECTRICAL SERVICES UNLIMITED, INC.

Principal Place of Business	Mailing Address
3219 VIRGINIA STREET APARTMENT #6 COCONUT GROVE FL 33133	3219 VIRGINIA STREET APARTMENT #6 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2263 S.W. 11 st.	26 2263 S.W. 11 st.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33135 25 Country	29 Zip: 33135 30 Country

4. FEI Number: 650486001 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SARRIA, MARVIN M
3219 VIRGINIA STREET
APARTMENT #6
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: Marvin M Sarria.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2263 S.W. 11 st
84 City: Miami FL 85 Zip Code: 33135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marvin Sarria (If changing Registered Agent, Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	SARRIA, MARVIN M	12 NAME	Marvin M Sarria
STREET ADDRESS	3219 VIRGINIA STREET, APARTMENT #6	13 STREET ADDRESS	2263 SW 11 st
CITY-ST-ZIP	COCONUT GROVE FL 33133	14 CITY-ST-ZIP	miami FL 33135
TITLE	VPD	21 TITLE	VPD ☐ Change ☐ Addition
NAME	SARRIA, FREDY	22 NAME	Fredy Sarria
STREET ADDRESS	3219 VIRGINIA STREET, APARTMENT #6	23 STREET ADDRESS	2263 S.W. 11 St
CITY-ST-ZIP	COCONUT GROVE FL 33133	24 CITY-ST-ZIP	miami FL 33135
TITLE	SD	31 TITLE	SD ☐ Change ☐ Addition
NAME	SARRIA, DEYANIRA	32 NAME	Deyanira Sarria
STREET ADDRESS	3219 VIRGINIA STREET, APARTMENT #6	33 STREET ADDRESS	2263 S.W. 11 st
CITY-ST-ZIP	COCONUT GROVE FL 33133	34 CITY-ST-ZIP	miami FL 33135
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing complies with the requirements of Section 607.0203(4), Florida Statutes. I/We further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 above, if applicable, or on an attachment with an address.

SIGNATURE: Marvin Sarria Marvin M Sarria 2/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE

0130422 CP