FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041332 (5)

FILED May 14 1998 8:00am Secretary of State

ELECT	TRONIC HOME CONSULTAN	ITS INC.			
Principal Plac	ce of Business	Mailing Address			
4701 SW 143 AVENUE 4701 SW 143 AVENUE MIAMI FL 33175 MIAMI FL 33175				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				06/02/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0503664	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6 Floring Occupation Floring	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	n Registered Agent		10. Name and Address of New Registere	d Agent
l Jo	DNES, WILLIAM F		81 Name		
47	701 \$ W 143 AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33175					
1			83		
			84 City		85 Zip Code
				F	L 1 ' 1
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 hoard of directors. Thereby accept the enceintment as 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	Jra/mes		ones Presid		8
12.	Signature, typed or printed rahie of registered agr OFFICERS AN		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	DELETE	1.1 TiTLE	ADDITIONO/OFFANGES TO OFFICENS AF	Change Addition
NAME	JONES, WILLIAM F		1.2 NAME		
STREET ADDRESS	4701 SW 143 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY - ST - ZIP		
TITLE	VTD	DELETE	2.1 TITLE	P-18-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Change Addition
NAME	JONES, ROSA M		2.2 NAME		_ ,
STREET ADDRESS	4701 SW 143 AVENUE		2 3 STREET ADDRESS		
CATY-ST-ZIP	MAMI FL 33175		2. 4 CITY - ST - ZIP		
TITLE	Š D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	UBEDA, VICTORIA		3.2 NAME		
STREET ADDRESS	10601 SW 62 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		3.4. CITY - ST - ZIP		
TITLE	1	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	5.4 CITY - ST - ZIP		The state of the s
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME OTOGET ADODGEG			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby o	Certify that the information supplied wi	th this filma does not avalify for t	6.4 CITY-ST-ZIP	Section 119 07/3/() Florida Statutes further of	partifu that the information

14. 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 annual 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 if changed, or on an attachment with an address.

CIGNIATUDE.

Le /bree

11/29/08

600 229 512