


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90321 035 ***158.75

DOCUMENT # P95000047152		
1. Entity Name M.B. ELECTRIC & SECURITY, INC.		

Principal Place of Business 65021 OVERSEAS HWY #102 LONG KEY, FL 33001	Mailing Address P.O. BOX 1277 LONG KEY, FL 33001
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60025440



2. Principal Place of Business 636 Cabrera Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Key Largo, FL Zip 33037 Country USA	City & State Zip Country

04062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0589416	Applied For Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BETANCOURT, MIGUEL A 8754 SW 8 ST MIAMI, FL 33174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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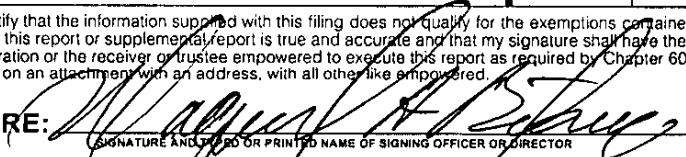
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BETANCOURT, MIGUEL A 65021 OVERSEAS HWY #102 LONG KEY, FL 33001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Betancourt, Miguel A 636 Cabrera Street Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:  **4/5/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #