2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P95000051653 1. Entity Name 04-24-2006 90464 047 ***150.00 DAY STAR ELECTRIC, INC. Principal Place of Business Mailing Address 830 NE 122ND STREET 830 NE 122ND STREET NO. MIAMI FL 33161 NO. MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0593639 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOCKENBACH, HENRY E Street Address (P.O. Box Number is Not Acceptable) 830 NE 122ND STREET NO. MIAMI FL 33161 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THILE Change Addition NAME GOCKENBACH, HENRY E NAME STREET ADDRESS 830 NE 122ND STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33161 CITY-ST-ZIP D = DiRetar AVSD TITLE ☐ Delete TITLE Addition CAIDEXON, JOYGEP 830 NE 122 Street North Miam, + 1A. 33161 CALDERON, JORGE P NAME NAME STREET ADDRESS 236 NW 101ST ST STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33100 CITY-ST-ZIP ☐ Delete THLE ☐ Change Addition NAME GOCKENBACH, HENRY A NAME STREET ADDRESS 830 NE 122ND STREET STREET ADDRESS CtTY-ST-7IP CITY-ST-ZIP NORTH MIAMI FL 33161 TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

HENRY GOCKENBACH 4-11-06
SIGNING OFFICER OR DIRECTOR
Date

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.