## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # P96000026058  1. Entity Name INELEC CORPORATION							04-11-2006 9	00098 03	5 ***158	3.75	
Principal Place of Business Mailing Address						· •					
1015 SOLDIER CREEK CT 1015 SOLDIER CREEK CT											
OVIEDO, FL 32765 US OVIEDO, FL 32765 US											
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Principal Place of Business     3. Mailing Address											
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Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. \$017 \( \vec{\pm} \) # 1036. Suite, Apt. #, etc. \$017 \( \vec{\pm} \) # 1036.					03272006	Chg-P	CR2E03	4 (11/05)		
					- 1	4. FEI Numbe			IAD	plied For	
OUIEDO, FL.		City & State  OVIEDO, FL.				4. FEI Number Applied For 65-0662265 Not Applicable					
Zip Country 32765				ntry		5. Certificate of Status Desired \$8.75 Additional				itional	
3270	<u> </u>	32765		1	1			F	ee Required	1	
- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								gent `			
SOUS A MR					ALBEN AMADOR						
12700 SW 75 STREET				Street Address (P.O. Box Number is Not Acceptable) 2462 West St Rp 426							
MIAMI, FL 33183				1							
					Sul7= #1036.						
					/IE			FL	zy Code		
8. The above named entity submits this state from 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 X JULIE Squature, typed or printed name of registered agent \$100 titler—Applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typed or printed name of registered agent a	id tive Applicable. (NO	ic, negalere		i e i equireo i	when terisizing/		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	OFFICERS AND I		11.				CHANGES TO OFFI				
TITLE	PSTD ALBENIA	Delete	TLTL Nav		75		1 12 = 11 A		Change	☐ Addition	
NAME STREET ADDRESS				EET ADORESS	AMI	DOR A	LBEN.A. TOD 426.	SUITE	1036		
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CITY-ST-ZIP		<u> </u>	_ _						Channe	□ Addition	
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STREET ADDRESS			STR	EET ADDRESS						i	
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NAME CTREET + CORRECC			NAN STD	IE Eet address							
STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP							
1	pertify that the information supplied with	this filing does not qualify f	. 2		l ontained	in Chapter 119	I, Florida Statutes, I	further certi	fy that the ir	nformation	
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 of 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 an opposite proposered.											