

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2006 90098 035 ***158.75

DOCUMENT # P96000026058					
1. Entity Name INELEC CORPORATION					
Principal Place of Business 1015 SOLDIER CREEK CT OVIEDO, FL 32765 US			Mailing Address 1015 SOLDIER CREEK CT OVIEDO, FL 32765 US		
2. Principal Place of Business 2462 WEST ST RD 426 Suite, Apt. #, etc. SUITE #1036		3. Mailing Address 2462 WEST ST RD 426 Suite, Apt. #, etc. SUITE #1036			
City & State OVIEDO, FL		City & State OVIEDO, FL		4. FEI Number 65-0662265	
Zip 32765		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLIS, A MR 12700 SW 75 STREET MIAMI, FL 33183				7. Name and Address of New Registered Agent Name: ALBEN AMADOR Street Address (P.O. Box Number is Not Acceptable): 2462 WEST ST RD 426 SUITE #1036 City: OVIEDO FL Zip Code: 32765	
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: X 4-5-06 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AMADOR, ALBEN A 1015 SOLDIER CREEK CT OVIEDO, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AMADOR, ALBEN A 2462 WEST ST RD 426, SUITE 1036 OVIEDO FL 32765 <input checked="" type="checkbox"/> Change <input 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 an other I am empowered.					
SIGNATURE: X			X 4-5-06 (407) 977-5118		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		