

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90120 021 \*\*\*150.00

DOCUMENT # P96000029620

1. Entity Name  
SPIKE ELECTRIC, INC.



Principal Place of Business  
2970 NW 22 ST  
MIAMI, FL 33142 US

Mailing Address  
2970 NW 22 ST  
MIAMI, FL 33142 US

50026530



2. Principal Place of Business

16215 SW 117 Ave

Suite, Apt. #, etc.

Unit 4 A

City & State

Miami FL

Zip

33177

Country

U.S.A

3. Mailing Address

16215 SW 117 Ave

Suite, Apt. #, etc.

Unit 4 A

City & State

Miami FL

Zip

33177

Country

U.S.A

03112005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0657516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEWART, ORALD  
2970 NW 22 ST  
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name

STEWART, ORALD

Street Address (P.O. Box Number is Not Acceptable)

16215 SW 117 Avenue

Unit 4 A

City

Miami

FL

Zip Code

33177

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME HAMILTON, JOEL P  
STREET ADDRESS 3389 SHERIDAN STREET, SUITE 128  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE P ☐ Delete  
NAME STEWART, ORALD  
STREET ADDRESS 2970 NW 22ND ST  
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition  
NAME STEWART, ORALD  
STREET ADDRESS 16215 SW 117 Ave, Unit 4 A  
CITY-ST-ZIP Miami FL 33177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 the above information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar. 11 2005 305-388-6900