

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000029620

1. Entity Name
SPIKE ELECTRIC, INC.



Principal Place of Business

16215 SW 117 AVE
UNIT 4A
MIAMI, FL 33177 US

Mailing Address

16215 SW 117 AVE
UNIT 4A
MIAMI, FL 33177 US

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

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
16215 SW 117 AVENUE
UNIT 4A
MIAMI, FL 33177

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IN THIS SPACE**

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 title if applicable

(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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE P
NAME STEWART, ORALD
STREET ADDRESS 16215 SW 117 AVE, UNIT 4A
CITY-ST-ZIP MIAMI, FL 33177

TITLE
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100000443859
03-06-06 80028-016 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/06

Date

Daytime Phone #