


FILED

Mar 31, 2003 8:00 am  
Secretary of State

03-03-2003 90863 038 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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<b>DOCUMENT # P96000079233</b>			
1. Entity Name <b>CRESPO ELECTRIC ENTERPRISES OF MIAMI INC</b>			
Principal Place of Business <b>10441 SW 46TH ST MIAMI FL 33165 US</b>		Mailing Address <b>10441 SW 46TH ST MIAMI FL 33165 US</b>	
2. Principal Place of Business <b>1051 E. 23rd ST.</b>		3. Mailing Address <b>1051 E. 23rd ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hialeah, FL.</b>		City & State <b>Hialeah, FL.</b>	
Zip <b>33013</b>	Country <b>US</b>	Zip <b>33013</b>	Country <b>US</b>
4. FEI Number <b>65-0695831</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CRESPO, JORGE A</b> <b>10441 SW 46TH ST</b> <b>MIAMI FL 33165</b>		Name <b>CRESPO, ELIAS P. JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10441 SW 46TH ST.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33165</b>	
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 _____		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>PT</b> <b>CRESPO, ELIAS P JR</b> <b>10441 SW 46TH ST</b> <b>MIAMI FL 33165</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPS</b> <b>CRESPO, ELIAS P</b> <b>3800 SW 102AVE APT 205</b> <b>MIAMI FL 33165</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <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	
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	
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	
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 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 other like empowered.			
SIGNATURE: _____		SIGNATURE REQUIRED _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>03-26-03</b> Daytime Phone # <b>13053054598</b>	

CR2E034 (10/02)