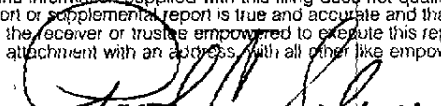


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000087293 1. Entity Name SALAZAR ELECTRIC, INC.																																	
Principal Place of Business 852-1 WARNER RD GREEN COVE SPRINGS FL 32043 US		Mailing Address 852-1 WARNER RD GREEN COVE SPRINGS FL 32043 US																															
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State Zip		City & State Zip																															
Country		Country																															
4. FEI Number 59-3430587		Applied For ☐ Not Applicable																															
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)																															
6. Name and Address of Current Registered Agent SALAZAR, PAUL C 852-1 WARNER RD GREEN COVE SPRINGS FL 32043		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																															
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		FL Zip Code																															
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		DATE (NOTE: Registered Agent signature required when reactivating)																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width:50%;"> D SALAZAR, PAUL C 852-1 WARNER ROAD GREEN COVE SPRINGS FL 32043 </td> <td style="width:50%;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> D SALAZAR, BOBBIE C 852-1 WARNER ROAD GREEN COVE SPRINGS FL 32043 </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> ☐ Delete </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> ☐ Delete </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> ☐ Delete </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> ☐ Delete </td> <td> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAZAR, PAUL C 852-1 WARNER ROAD GREEN COVE SPRINGS FL 32043	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAZAR, BOBBIE C 852-1 WARNER ROAD GREEN COVE SPRINGS FL 32043	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width:50%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> U00000433267 02/24/06-80010-019 158.75 </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> ☐ Change ☐ Addition </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> ☐ Change ☐ Addition </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> ☐ Change ☐ Addition </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> ☐ Change ☐ Addition </td> <td> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	U00000433267 02/24/06-80010-019 158.75	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  PAUL C. SALAZAR 2-8-06 904 626-3231																																	