


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90301 010 \*\*\*158.75

<b>DOCUMENT # P96000096291</b> 1. Entity Name <b>BAHIA HONDA ELECTRIC CORP.</b>						
Principal Place of Business <b>3140 SW 140 AVE</b> <b>MIAMI, FL 33175 US</b>			Mailing Address <b>3140 SW 140 AVE</b> <b>MIAMI, FL 33175 US</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>ALVAREZ, JULIO</b> <b>14301 SW 12TH ST.</b> <b>MIAMI, FL 33184</b>				Name <u>Alvarez, Julio</u> Street Address (P.O. Box Number is Not Acceptable) <b>3140 SW 140 AVE</b> City <u>miami</u> <b>FL</b> Zip Code <u>33175</u>		
8. The above named entity admits 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 <u><i>Julio Alvarez, President</i></u> DATE <u>3/24/04</u> <small>Signature - based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	DP <b>ALVAREZ, JULIO</b> <b>5763 SW 149TH AVE.</b> <b>MIAMI, FL 33193</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>Alvarez Julio</b> <b>3140 SW 140th AVE</b> <b>miami FL 33175</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>ALVAREZ, OLGA L</b> <b>5763 SW 149TH AVE.</b> <b>MIAMI, FL 33193</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT/LS <b>Alvarez Olga L.</b> <b>3140 SW 140th AVE</b> <b>miami FL 33193</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <u><i>Julio Alvarez, Pres</i></u> DATE <u>3/24/04</u> (305) 552-6768 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						