2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027331

Address:

City-St-Zip:

FILED Sep 21, 2009 Secretary of State

Entity Name: BILLY'S ELECTRICAL SERVICES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
5774 FUNSTON STREET HOLLYWOOD, FL 33023	620 WEST CHAMINADE DRIVE HOLLYWOOD, FL 33021
Current Mailing Address:	New Mailing Address:
5774 FUNSTON STREET HOLLYWOOD, FL 33023	620 WESTCHAMINADE DRIVE HOLLYWOOD, FL 33021
FEI Number: 65-0754251 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
DIAZ, OSVALDO 7951 SW 40 STREET, #206 MIAMI, FL 33155 US	
The above named entity submits this statement for the pu in the State of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agen	nt Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not I Election Campaign Financing Trust Fund Contribution().	receive the prior notice.
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR

Title: PSD () Delete Title: (X) Change () Addition FARQUHARSON, KETLIE G FARQUHARSON, KETLIE G Name: Name: 5774 FUNSTON STREET Address: 620 WEST CHAMINADE DRIVE Address: City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: HOLLYWOOD, FL 33021 Title: () Delete Title: VPD (X) Change () Addition Name:

FARQUHARSON, EDWARD S FARQUHARSON, EDWARD S Name: Address: 5774 FUNSTON STREET 620 WEST CHAMINADE DRIVE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33023 City-St-Zip:

Title: Title: () Delete (X) Change () Addition Name: FARQUAHARSON, TYRONE Name: FARQUAHARSON, TYRONE Address: 5774 FUNSTON STREET Address: 620 WEST CHAMINADE DRIVE City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD FARQUHARSON **VPD** 09/21/2009