

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90043 025 ***150.00

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02072005 Chg-P CR2E034 (10/03)

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|---|---|--|--|--|--|
| DOCUMENT # P97000088258 1. Entity Name MASTEC SERVICES COMPANY, INC. | | | | | |
| Principal Place of Business 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134 | | | Mailing Address 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0791004 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVDT WEINSTEIN, DONALD P <input checked="" type="checkbox"/> Delete 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO WEINSTEIN, DONALD P <input checked="" type="checkbox"/> Delete 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHANFELTER, AUSTIN <input type="checkbox"/> Delete 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CANALES, CRISTINA <input checked="" type="checkbox"/> Delete 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MYK, ANGELA <input type="checkbox"/> Delete 800 DOUGLAS ROAD, PENTHOUSE CORAL GABLES, FL 33134 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C. Robert Campbell 800 Douglas Rd - Penthouse Coral Gables, FL 33134 | | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. Marc Lewis 800 Douglas Rd - Penthouse Coral Gables, FL 33134 | | | | |
| 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"/> 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>Angela Myk Angela Myk 2/8/05</u> 305-406-1846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |