FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90206 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102911

1. Entity Name ELECENQUEK

P97000102911

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24071294

2. Principal Place of Business	3. Mailing Address
14332 S.W 129th ST	4911 S.W 142 PL
Suite, Apt. #, etc. Blg 229	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33186 Country USA	Zip 33175 Country USA

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4. FEI Number 65-0802956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name Roben D. Morel
Street Address (P.O. Box Number is Not Acceptable) 4911 S.W 142 PL
City Miami FL Zip Code 33175

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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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Roben D. Morel	NAME	
STREET ADDRESS	4911 S.W 142 PL	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33185	CITY-ST-ZIP	
TITLE	Vice-president	TITLE	
NAME	Desiree T Morel	NAME	
STREET ADDRESS	4911 S.W 142 PL	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33175	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #