2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 01, 2008 08:00 AN Secretary of State DOCUMENT # P98000012130 1. Entity Name STAN LEVITZ ELECTRIC, INC. Principal Place of Business Mailing Address 15500 CARRIAGE COURT 15500 CARRIAGE COURT **DAVIE FL 33331 DAVIE FL 33331** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0818105 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMSON, JOHN M Street Address (P.O. Box Number is Not Acceptable) THE LAW CENTER, SUITE ONE 370 MINORCA AVE SUITE ONE CORAL GABLES FL 33134 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Addition NAME LEVITZ, STANLEY G NAME STREET ADDRESS 15500 CARRIAGE CT STREET ADDRESS **DAVIE FL 33331** CITY-ST-ZIP City-St-ZiP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CiTY-ST-7/2 TITLE ☐ De'ete TITLE Change ☐ Addition NAME MANIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Dalete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 antiress, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED ALBRINTED WAME OF SIGNING OF FICER OR DIRECTOR

4-28-04

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