2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2005 08:00 AM Secretary of State DOCUMENT # P98000066054 BETÁ ELECTRIC, INC. Principal Place of Business Mailing Address 1860-SOUTHWOOD LANE 1860-SOUTHWOOD LANE CLEARWATER, FL 33764 CLEARWATER, FL 33764 01282005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3339438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROHANI, NAVID K DO NOT WRITE 1860-SOUTHWOOD LANE CLEARWATER, FL 33764 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE 100000211481 ROHANI, NAVIOK NAME 02/02/05-80121-016 150, 00 STREET ADDRESS 1860 SOUTHWOOD LANE CITY-ST-7IP CLEARWATER, FL 33764 ME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NOV . NTED NAME OF SIGNING OFFICER OF DIRECTOR **FILED**

727-530-1814