2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082228

FILED Jan 14, 2009 Secretary of State

Entity Name: ALL PHASES ELECTRICAL CONTRACTING, INC.

Current Principal Place of Business:		New Principal Place of Business:		
ORANGE ORLAND(CO FLA O, FL 32812			
Current Mailing Address:		New Mailing Address:		
<u>4</u> 27 GAST	ON FOSTER	RD		
E ORLAND(O, FL 32807			
FEI Number	r: 59-3534329	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
	E, CLAUDIO F	JR.		
5097 LIDO) ST O, FL 32807	US		
The above in the Stat	e named entity e of Florida. RE:	submits this statement for the p		ed office or registered agent, or both,
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electro			ed office or registered agent, or both, Date
The above in the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro	submits this statement for the particle of Registered Agring Trust Fund Contribution ().	ent	
The above in the State SIGNATU Election Ca OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC	submits this statement for the prince Signature of Registered Ageng Trust Fund Contribution (). CTORS:) Delete AUDIO	ent	Date
The above in the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECT P (GARALDE, CL 5097 LIDO ST ORLANDO, FL	submits this statement for the prince Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete AUDIO . 32807) Delete AUDIO	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: CLAUDIO F GARALDE JR P 01/14/2009