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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000090236

1. Corporation Name J-J ELECTRICAL SERVICES INC.



Principal Place of Business 354 N.E. 1ST RD. MIAMI FL 33030 Mailing Address 354 N.E. 1ST RD. MIAMI FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1998 4. FEI Number 65-0868821 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business 2a. Mailing Address 21 354 N.E. 1ST. RD. 22 Suite, Apt. #, etc. 23 HOMESTEAD, FLA. 24 33030. 25 Country 26 354 N.E. 1ST. RD. 27 Suite, Apt. #, etc. 28 HOMESTEAD, FLA. 29 33030. 30 Country

9. Name and Address of Current Registered Agent SIERRA, JUAN 354 N.E. 1ST RD. MIAMI FL 33030

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the legal obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] DATE 1-14-99 (NOTE: Registered Agent signature required when reinstating)

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: PD SIERRA, JUAN, 354 N.E. 1ST RD., MIAMI FL 33030.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-12 for additions.

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 1-14-99 (305)2483909 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)