


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90348 015 \*\*\*150.00

<b>DOCUMENT # P98000090236</b>	
1. Entity Name <b>J-J ELECTRICAL SERVICES INC.</b>	

Principal Place of Business <b>354 N.E. 1ST RD. MIAMI FL 33030</b>	Mailing Address <b>354 N.E. 1ST RD. MIAMI FL 33030</b>
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**50040636**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>241 N. Flagler Ave.</b>	3. Mailing Address <b>241 N. Flagler Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

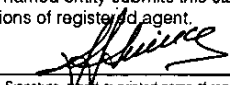
City & State <b>Homestead Fla.</b>	City & State <b>Homestead Fla.</b>
Zip <b>33030</b>	Country <b>Mia-Dade.</b>
Zip <b>33030</b>	Country <b>Mia-Dade</b>

4. FEI Number <b>65-0868821</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SIERRA, JUAN 354 N.E. 1ST RD. MIAMI FL 33030</b>	
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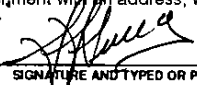
7. Name and Address of New Registered Agent Name <b>Sierra Juan</b> Street Address (P.O. Box Number is Not Acceptable) <b>241 N. Flagler Ave.</b> City <b>Homestead</b> FL Zip Code <b>33030</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <b>JUAN J. SIERRA</b>	DATE <b>4/14/05</b>
Signature, typed or printed name of registered agent and title if applicable (NONE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SIERRA, JUAN</b> <input type="checkbox"/> Delete <b>354 N.E. 1ST RD.</b> <b>MIAMI FL 33030</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <b>JUAN J. SIERRA</b>	DATE <b>4/14/05</b> (305) 248-3909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	