

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 JUN -9 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017007

1. Entity Name
HIGHGRADE ELECTRIC CONTRACTORS, CORP.



Principal Place of Business
3613 S.W. 167 AVE.
MIRAMAR, FL 33027

Mailing Address
3613 S.W. 167 AVE.
MIRAMAR, FL 33027



03022003 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0898421

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALMA, NELSON A
3613 S.W. 167 AVE.
MIRAMAR, FL 33027

**DO NOT WRITE
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 Nelson Palma
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

200037995072
06/16/04--01009--008 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP PALMA, NELSON A 3613 S.W. 167 AVE. MIRAMAR, FL 33027 |
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**DO NOT WRITE
IN THIS SPACE**

JP 6/10

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: Nelson Palma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04
Date

Daytime Phone #

Nelson Palma