2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED Aug 09, 2004 8:00 am Secretary of State		
DOCUI 1. Entity Name	MENT # P990000215	642		Secretary of State 08-09-2004 90010 020 ***550.00		
UNLIMITE	D ELECTRICAL CONTRAC	TORS CORP.				
Principal Place of Business Mailing Address						
1533 SW 1ST WAY #21 DEERFIELD BEACH FL 33441		1533 SW 1ST WAY #21 DEERFIELD BEACH FL 33441				
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			11M10 110100000000000000000000000000000	
Suite, Api. #, etc.				MOORE CR2E034 (4/04	4)	
City & State		City & State		4. FEI Number 65-0904306	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Di Fee Rec	Additional quired	
	6. Name and Address of Curren	it Hegistered Agent	Name	7. Name and Address of New Registered Agent		
LUTWAK, SCOTT H 1191 E NEWPORT CENTER DR SUITE 208 DEERFIELD BEACH FL 33442			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			····			
			City FL Zip Code			
the obligati	named entity submits this statement i ions of registered agent.	tor the purpose of changing it	<u>ś redisteted otitce or red</u> i	stered.agentor_bothin.the.State.of.Florida_Lam.familiar.	with; and accept_	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature req	ured when reinstating) DATE		
	ILE NOW!!!, FEE IS \$550.00 DUE BY September 8, 2004 (Payable to Florida Department	late fee. By che), F.S., allows for the waive ecking this box, the corpo e prior notice. Fee to file in	ration certifies it Trust Fund Contribution	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	DDIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS	P PAGEREY, MITCHELL ROGER 1642 SE 7TH STREET	Delete	TITLE NAME STREET ADDRESS	Cha	ange 🔲 Addition j	
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL 33441	Delete	CITY-ST-ZIP TITLE	[] Cha	ange 🗌 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		nige <u>r</u> i Abonion	
CITY-ST-ZIP		Delete	CITY-ST-ZIP	ГП Сha	ange 🗌 Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chr	ange 🗌 Addition	
12. I hereby (indicated of the cor changed	I on this report or supplemental report rporation or the receiver of trunce em , or on an attachment with an address	is true and accurate and that	for the exemption stated in t my signature shall have rt as required by Chapter d.	n Section 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an o 607, Florida Statutes; and that my name appears in Block	officer or director	
SIGNAT	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	hell Bagezey Date 604 95448		