

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000064466

1. Entity Name
MALIBU ELECTRIC INCORPORATED



Principal Place of Business
521 N.W. 86TH AVENUE
PEMBROKE PINES, FL 33024

Mailing Address
521 N.W. 86TH AVENUE
PEMBROKE PINES, FL 33024



04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0947424

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, JULIO
521 N.W. 86TH AVENUE
PEMBROKE PINES, FL 33024

**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

Julio Torres

(NOTE: Registered Agent signature required when renouncing)

04-26-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000136252

04/28/04-80086-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME TORRES, JULIO
STREET ADDRESS 521 N.W. 86TH AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE D
NAME TORRES, GLORIA
STREET ADDRESS 521 N.W. 86TH AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04

DATE

Daytime Phone #

784-
435-1421