

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000110674

1. Entity Name
PRO ELECTRIC CONTRACTORS, INC.



Principal Place of Business
19380 COLLINS AVE. SUITE #326
SUNNY ISLES BEACH, FL 33160

Mailing Address
19380 COLLINS AVE. SUITE #326
SUNNY ISLES BEACH, FL 33160

**FILED
Mar 13, 2008 08:00 A
Secretary of State**



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0972839	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LACHKOVICH, JOSEPH
19380 COLLINS AVE
326
SUNNY ISLES BEACH, FL 33160

**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

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

U000000857305
03/31/08-80007-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DIRE
NAME	LACHKOVICH, JOSEPH
STREET ADDRESS	19380 COLLINS AVE # 326
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemptions contained in Chapter 119, 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: *J. Lachkovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAR 7/08

(305) 331 5644

Date

Daytime Phone #