005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S24079 1. Entity Name SANSON ELECTRICAL PLUS, INC.					Feb 08, 2005 08:00 AM Secretary of State			
Principal Plac	e of Business	Mailing Address		<u> </u>	_			
3641 SW 25TH TERR MIAMI FL 33133 US		3995 SW 4TH ST MIAMI FL 33134 US) 	510# 28## 100#5 10# 510# 51E	III 3 1011 81014 3 109 858	11 10 1 (5 1 155)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOOR	E CR2E03	34 (10/04)	
City & State		City & State			4. FEI Number 65-0	0322592		plied For t Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate of Status	s Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address	of New Registered	í Agent	
MORENO, RODRIGO 3995 SW 4TH ST MIAMI FL 33134					Street Address (P.O. Box Number is Not Acceptable)			
	named entity submits this statement for			· ·		F	<u>-</u>	
SIGNATURE Signature, typed or printed nerne of registered agent and title if explicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				niuper erullangis traga De	9. Elec Trus	DATE tion Campaign Finar t Fund Contribution.	noing \$5.	00 May Be
10.	OFFICERS AND	 	. 11		ADDITIONS/CHANG	ES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, RODRIGO 3641 SW 25TH TERR MIAMI FL	☐ Delete		I	U0. 02/09.	00 00220889 705 - 80009-01	□ Change 15 150.00	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORENO, MARY 3641 SW 25TH TERR MIAMI FL	☐ Delete	SI	LE ME REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP		Delete					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ST	LE ME REET ADDRESS 'Y-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	\$1	LE ME REET ADDRESS Y+ST+ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TII NA ST			· · · · · · · · · · · · · · · · · · ·	∏ Change	☐ Addition

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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:

| Residant | Radrigo | Mo | Rend | 2/4 | OS | (36) 443 - 8808 | Daylore Phone #