

6006 799 508

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90047 033 ***150.00

**2007 FOR PROFIT CORPORATE
 ANNUAL REPORT**

DOCUMENT #S70588

1. Entity Name:

MANNY'S ELECTRICAL CONTRACTORS INC.

Principal Place of Business

6847 SW 37TH ST
 MIAMI, FL 33155 US

Mailing Address:

PO BOX 112410
 HIALEAH, FL 33011 US

40016218



02042087 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0277842
☐ Applic
☐ Not App
5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent:

SAAVEDRA, ARMANDO
 483 E 51 ST
 HIALEAH, FL 330136847 SW 37 ST
 MIAMI FL 33155DO 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 the obligations of registered agent.

SIGNATURE

Signature of person named as registered agent and the if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

0202-07

FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
 Trust Fund Contribution: ☐\$5.00 May Be
 Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

SAAVEDRA, ARMANDO

483 E 51 ST

HIALEAH, FL 33013

6847 SW 37 ST
 MIAMI FL 33155

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0202-07 786 663 5188

Date

Daytime Phone #