## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # V65753 Mar 28, 2007 08:00 AM **Secretary of State** ELECTRICAL GOODS AND SERVICES, INC. Principal Place of Business Mailing Address 7951 LITTLE LANE 7951 LITTLE LANE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0380597 Not Applicable Ζıρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BLOOM, LIAN Street Address (P.O. Box Number is Not Acceptable) 7951 LITTLE LANE **BOCA RATON FL 33433** City Zip Codo 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 c applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 11111 Delete IIII. Change Addition BLOOM, LIAN NAME NAMI 7563 GLENDEVEN LANE STREET ADORESS SIDELLADDRESS DELRAY BEACH FL CITY-SI-7IP CHY SI-703 Change HHE Delete Addition IIII NAME NAME U00000681086 STREET ADDRESS STRUCT ADDRESS 04/04/07-80028-012 150.00 CITY-\$1-710 CHY-ST-7P Delete DILLE ☐ Change Addition NAMI. NAMI STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP HILE Delete ☐ Change ■ Addition NAMI NAMI STREET ADDRESS STREET LANDINGS CITY-ST-ZIP CITY ST-ZIP Delete 1001 Change Addition NAMI STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CHY- \$1-7(P HILE Delete HITE Change ☐ Addiliovi NAME. NAME STREET ADDRESS SHREELADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.

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