

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000094861

**Entity Name:** ALLIANCE POWER SOLUTIONS, INC.**Current Principal Place of Business:**3615 E. LAKE AVE.  
TAMPA, FL 33610**Current Mailing Address:**P.O. BOX 11707  
TAMPA, FL 33680-1707 US**FEI Number:** 20-3093944**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JURADO, KEITH M  
3615 E LAKE AVENUE  
TAMPA, FL 33610 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ESTES, MIKE  
Address        3615 E. LAKE AVE.  
City-State-Zip: TAMPA FL 33610

Title            DIRECTOR  
Name            JURADO, KEITH  
Address        3615 E. LAKE AVE.  
City-State-Zip: TAMPA FL 33610

Title            VP  
Name            SANTANGELO, MARCUS  
Address        3615 E. LAKE AVE.  
City-State-Zip: TAMPA FL 33610

Title            VP  
Name            PHILLIPS, JEREMY  
Address        3615 E LAKE AVE  
City-State-Zip: TAMPA FL 33610-7945

Title            VP  
Name            AGUIRRE, GAUDENCIO  
Address        3615 E. LAKE AVE.  
City-State-Zip: TAMPA FL 33610

Title            VP  
Name            RIOS, ROEL  
Address        3615 E. LAKE AVE.  
City-State-Zip: TAMPA FL 33610

Title            VP  
Name            EMIDY, MATHEW  
Address        3615 E. LAKE AVE.  
City-State-Zip: TAMPA FL 33610

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEITH M JURADO**DIRECTOR****04/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date