

2025 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/FOUNDER****03/03/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date