
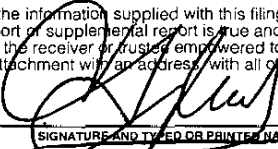


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90088 032 \*\*\*150.00

<b>DOCUMENT # F47268</b>			
1. Entity Name INTERNATIONAL ELECTRO-MECHANICAL ENTERPRISES, INC.			
Principal Place of Business 6187 NW 167TH ST UNIT H-11 HIALEAH, FL 33015		Mailing Address PO BOX 5405 HIALEAH, FL 33014	
2. Principal Place of Business		3. Mailing Address <b>1422 NW 82ND AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MIAMI, FLORIDA</b>	
Zip	Country	Zip	Country
		<b>33126</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUPRASKI, LOUIS A., ESQ. 2450 NE MIAMI GARDENS DRIVE SECOND FLOOR N. MIAMI BEACH, FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANMARTIN, PABLO ORTIZ 6187 NW 167TH ST UNIT H-11 HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JUAN PABLO ORTIZ</b> 6187 NW 167th St Unit H 11 HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHECKER, MIRIAM 6187 NW 167TH ST UNIT H-11 HIALEAH, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JAIME ORTIZ</b> 6187 NW 167th St Unit H-11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Pablo Ortiz 5/APRIL/04 3058268633	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	