2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 05, 2004 8:00 am Secretary of State DOCUMENT # G82460 1. Entity Name 08-05-2004 90003 022 ***550.00 MIAMI INDUSTRIAL MOTOR, INC. Principal Place of Business: Mailing Address **U I U U U U N U** 8252 NW 58TH ST. 8252 NW 58TH ST. MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 59-2428073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, ANA CAROLINA-Street Address (P.O. Box Number is Not Acceptable) 6720 S.W. 2ND STREET **MIAMI FL 33144** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITI F ☐ Delete TITLE Change Addition GARCIA, MARIO NAME NAME STREET ADDRESS 6720 SW 2 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP STD TITLE Delete Change ☐ Addition NAME GARCIA, AÑA CAROLINA NAME 6720 SW 2 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL CITY, ST. 7/P Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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