

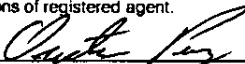



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016646 1. Entity Name O & Y COMMUNICATION ELECTRONICS & INV., INC.						FILED 06 AUG -9 AM 11:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 1647 SW 32 AVE. MIAMI, FL 33145				Mailing Address 1647 SW 32 AVE. MIAMI, FL 33145				 08082006 Chg-P CR2E034 (11/05)			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country		4. FEI Number APPLIED FOR		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
ROJAS, CARLOS 1647 SW 32 AVE. MIAMI, FL 33145						Name ORESTES PEREZ Street Address (P.O. Box Number is Not Acceptable) 10024 NW 41 ST MIAMI FL City MIAMI FL Zip Code 33178					
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 re-registering) DATE _____											
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P ROJAS, CARLOS 1647 SW 32 AVE. MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		P ORESTES PEREZ 10024 N.W. 41 ST. 33178 MIAMI FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP OLGA TORRES 3779 SW 135 AVE MIAMI FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		T YANILDA Oueli 8724 SW 8 ST MIAMI FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		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		000078885140 08/18/06--01045--008 **150.00		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"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  (NOTE: Registered Agent signature required when re-registering) DATE _____ DAYTIME PHONE # _____											

K. Eckel AUG 09 2006