2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90306 024 ***150.00

DOCUMENT # P04000074928

1. Entity Name
ELECTRONIC REPAIRMENT STORE INC

Principal Place of Business	Mailing Address
9140 NW 38 PL SUNRISE, FL 33351	9140 NW 38 PL SUNRISE, FL 33351

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3780 W 12 Ave	3780 W 12 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FLORIDA	City & State: HIALEAH, FLORIDA
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number: 20-1101463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LULIGO, MARIA A 9140 NW 38 PL SUNRISE, FL 33351	Name: Luligo, Maria A Street Address (P.O. Box Number is Not Acceptable) 7200 NW 179 St Apto 204 City: HIALEAH FL Zip Code: 33015

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: Maria Aleida Luligo Maria Aleida Luligo 04/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: LULIGO, MARIA A STREET ADDRESS: 7200 NW 179 St APTO 204 CITY-ST-ZIP: HIALEAH, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VICEPRESIDENT NAME: OSVALDO ARRIETA STREET ADDRESS: 7200 NW 179 St APTO 204 CITY-ST-ZIP: HIALEAH, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: SECRETARY NAME: LULIGO, PEDRO STREET ADDRESS: CLL 72 # 38-202 CITY-ST-ZIP: BARRANQUILLA, ATLANTICO Colombia	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Maria Aleida Luligo Maria Aleida Luligo 786 587 5488