2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2005 8:00 am Secretary of State **DOCUMENT # 640877** 03-28-2005 90073 004 ***158.75 PANELTRONICS INCORPORATED Principal Place of Business Mailing Address 11960 N.W. 87 COURT 11960 N.W. 87 COURT 50031147 HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01112005 Chg-P City & State City & State 4. FEI Number Applied For 59-1961582 Not Applicable 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 PELAEZ PEDRO R. Street Address (P.O. Box Number is Not Acceptable) 11960 NW 87 COURT HIALEAH, FL 33016-8912 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITE F ☐ Change ■ Addition ☐ Delete NAME PELAEZ, MARTA NAME STREET ADDRESS 11960 NW 87TH COURT STREET ADDRESS HIALEAH GARDENS, FL 33018 CITY-ST-792 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE PELAEZ, PEDRO R NAME NAME STREET ADDRESS 11960 NW 87TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33018 CITY-ST-ZIP VD TITLE TITLE ☐ Change Addition ☐ Detete NAME PELAEZ. PEDRO JR NAME STREET ADDRESS 11960 NW 87TH COURT STREET ADDRESS CITY-ST-7IP HIALEAH GARDENS, FL 33018 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME PELAEZ, RAUL NAME STREET ADDRESS 11960 NW 87TH COURT STREET ADDRESS HIALEAH GARDENS, FL 33018 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

EDRO R. PEJAGZ 1-12-05

FILED