2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 682856

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: GOMEZ, MANUEL

7305 W 19TH COURT

VILANOVA, ALÉJANDRO

7305 W 19TH COURT

HIALEAH, FL 33014

(X) Delete

HIALEAH, FL 33014

FILED Apr 28, 2009 Secretary of State

Entity Nar	me: ELEC	TROMECHA	NICS OF FLORIDA,IN	IC.				
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
7305 W 19 HIALEAH,	TH COUR FL 33014	Т						
Current Mailing Address:				New Maili	New Mailing Address:			
7305 W 19 HIALEAH,	TH COUR FL 33014	Т						
FEI Number:	: 59-2043753	FEI Nun	nber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desire	d ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
HIALEAH,	TH COUR FL 33014	US	nis statement for the n	urnose of changing	ite registered	office or registered agent,	or both	
	of Florida		iis statement for the p	urpose of changing	its registered	office of registered agent,	or both,	
SIGNATUR	RE:							
	Elec	tronic Signat	ure of Registered Age	nt		Date		
Election Car	npaign Finar	ncing Trust Fur	nd Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PS GOMEZ, M 7305 W 19 HIALEAH, F	TH COURT		Title: Name: Address: City-St-Zip:	P (GOMEZ, MAN 7305 W 19TH HIALEAH, FL	COURT		
Title: Name: Address: City-St-Zip:	T GOMEZ, R 7305 W 19 HIALEAH, F	TH COURT		Title: Name: Address: City-St-Zip:	D (VILANOVA, A 7305 W 19TH HIALEAH, FL	COURT		
Title:	D	(X) Delete		Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ALEJANDRO VILANOVA D 04/28/2009

() Change () Addition