


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006278	
1. Entity Name SOLETRON USA, INC.	

Principal Place of Business ATTN: LEGAL DEPT., 847 GIBALTAR DR MILIPITAS, CA 95035	Mailing Address ATTN: LEGAL DEPT., 847 GIBALTAR DR MILIPITAS, CA 95035
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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01172005 Chg-P CR2E034 (10/03)

4. FEI Number 77-0587128	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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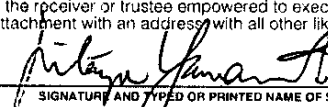
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ONETTO, MARC ATTN: LEGAL DEPT., 847 GIBALTAR DR MILIPITAS, CA 95035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Tim Chu 847 Gibraltar Dr.-Bldg, 5, Milpitas, CA 95035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAKKARAJU, ROOP ATTN: LEGAL DEPT., 847 GIBALTAR DR MILIPITAS, CA 95035 <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	S GRADY, MICHAEL F ATTN: LEGAL DEPT., 847 GIBALTAR DR MILIPITAS, CA 95035 <input checked="" 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	T LIGAN, WARREN ATTN: LEGAL DEPT., 847 GIBALTAR DR MILIPITAS, CA 95035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800045553088 01/28/05--01011--020 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAYES, PERRY ATTN: LEGAL DEPT., 847 GIBALTAR DR MILIPITAS, CA 95035 <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	AS YAMAMOTO, NITAYA ATTN: LEGAL DEPT., 847 GIBALTAR DR MILIPITAS, CA 95035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Nitaya S. Yamamoto Jan. 18, 2005 (408) 957-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 JAN 20 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

