2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **ANNUAL REPORT (AR)** FILED May 02, 2007 08:00 A Secretary of State DOCUMENT # G39294 1. Entity Name A-1 MODERN ELECTRONICS CORP. Principal Place of Business Mailing Address 13067 SW 133 COURT 13067 SW 133 COURT MIAMI FL 33186 US MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2347967 Not Applicable Zip Country Zip 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 RAMIREZ, HUGO Street Address (P.O. Box Number is Not Acceptable) 13067 SW 133 COURT **MIAMI FL 33186** City 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 it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete HE ☐ Change ☐ Addilion RAMIREZ, HUGO NAME NAME 000000755342 05/22/07-80097-022 150.00 3325 SW 67TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY ST-7IP CITY - ST - ZIP BILE Delete TITLE Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CtTY-SI-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-70P CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP TITLE Delete mư ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST - 7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath, that I am an officer or director of the reportalion or the receiver of trustee empowered to execute this report as equilized by Chapter 607, Florida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an option like empowered.

SIGNATURE

THAT THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Daytime Phone #