

2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G39284
 1. Entity Name
A-1-MODERN ELECTRONICS CORP.

Principal Place of Business *13250 SW 131st* Mailing Address *13250 S.W. 131st*
~~13067 SW 139 COURT~~ *Suite 103* ~~13067 SW 139 COURT~~ *Suite 103*
 MIAMI FL 33186 MIAMI FL 33186
 US US



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

09 MAY -6 AM 9:11



2. Principal Place of Business - No P.O. Box # Suite. Apt. #, etc. City & State Zip Country

3. Mailing Address Suite. Apt. #, etc. City & State Zip Country

4. FEI Number **59-2347967** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent
RAMIREZ, HUGO
~~13067 SW 139 COURT~~ *13250 S.W. 131st*
 MIAMI FL 33186 *Suite-103*

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City, State, Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, HUGO 3325 SW 87TH AVENUE MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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PAID
 DATE 04-30-09
 AMT 150.00
 CHECK 12267

600155554486
 05/06/09--01039--013 **150.00

4500

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR