

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


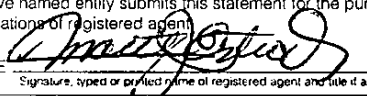

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90013 011 \*\*\*\*50.00

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08092005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000072577					
1. Entity Name WE ARE ELECTRONICS, LLC					
Principal Place of Business 300 SEVILLA AVENUE 201 CORAL GABLES, FL 33134 US		Mailing Address 300 SEVILLA AVENUE 201 CORAL GABLES, FL 33134 US			
2. Principal Place of Business 13104 NW 13 ST Suite, Apt. #, etc.		3. Mailing Address 13104 NW 13 ST Suite, Apt. #, etc.			
City & State Pembroke Pines FL		City & State Pembroke Pines FL		4. FEI Number 201715173	
Zip 33028		Country BRAND		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTRADA, MARTA 300 SEVILLA AVENUE 201 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13104 NW 13 ST Pembroke Pines City FL Zip Code 33028		
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: 08/09/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTRADA, MARTA 300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13104 NW 13 ST Pembroke Pines FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTAIZA, ALBA 300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13104 NW 13 ST Pembroke Pines FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, LUIS 300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13104 NW 13 ST Pembroke Pines FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 08/09/05 305-798-5348 Daytime Phone #		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					