2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 03, 2005 08:00 AN Secretary of State DOCUMENT # M44419 1. Entity Name V A ÉLECTRICAL MOTORS CENTER, INC. Principal Place of Business Mailing Address 4011 W 18TH AVENUE 4011 W 18TH AVENUE HIALEAH, FL 33016 US HIALEAH, FL 33016 04052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2754435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALDES, HORACIO DO NOT WRITE 2309 S.W. 57TH CT. MIAMI, FL 33155 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME VALDES, HORACIO STREET ADDRESS 2309 S.W. 57TH CT. V00000358961 05/04/05-80135-020 150.00 CITY-ST-ZIP MIAMI, FL 33155 TITLE VALDES, MARGARITA STREET ADDRESS 2309 S.W. 57TH CT. CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITT F NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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 wit with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #