2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 8:00 am Secretary of State 05-02-2008 90111 041 ***150.00 **DOCUMENT # M44419** V A ELECTRICAL MOTORS CENTER, INC. Principal Place of Business Mailing Address 4011 W 18TH AVENUE 4011 W 18TH AVENUE HIALEAH, FL 33016 US HIALEAH, FL 33016 US 04292008 No Chg-P CR2E034 (11/05) 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 Florida. I am familiar with, and accept the obligations of registered agen SIGNATURE Signature, typed or prin (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VALDES, HORACIO NAME 2309 S.W. 57TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE VALDES, MARGARITA STREET ADDRESS 2309 S.W. 57TH CT. MIAMI, FL 33155 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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:

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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED

Dayume Phone #