2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2006 08:00 AM Secretary of State **DOCUMENT # M51476** Entity Name STRAK ELECTRONICS INTERNATIONAL CORPORATION Mailing Address Principal Place of Business 1844N NOB HILL RD 1844N NOB HILL RD STE 405 STE 405 PLANTATION, FL 33322 PLANTATION, FL 33322 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2807361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVAREZ, FABIO DO NOT WRITE **522 WESTTREE LN** PLANTATION, FL 33324 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 agent. SIGNATURE Signature, typed or printed name of registered opens and life it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ALVAREZ, STELLA STREET ADDRESS **522 WESTREE LANE** CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME ___U000004590**3**3 STREET ADDRESS 03/17/06 30028-018 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-70P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS C/TY-ST-Z/P

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGHING DYFICER OR DIRECTOR

SPECIA ALVAREZ PRESIDENT

FILED