2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 30, 2004 08:00 AM Secretary of State DOCUMENT # M66044 1. Entity Name MOLERIO ELECTRIC CORP. Principal Place of Business Mailing Address 10202 SW FIRST ST 10202 SW FIRST ST MIAMI, FL 33174 MIAMI, FL 33174 No Chg-P CR2E034 (10/03) 01262004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0038748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOLERIO, JUAN A. 10202 SW FIRST ST MIAMI, FL 33174 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 DATÈ (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MOLERIO, JUAN A. NAME 10202 SW FIRST ST STREET ADDRESS MIAMI, FL 33174 CITY-ST-ZIP TITLE NAME U000000022242 STREET ADDRESS 01/30/04-80038-003 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TM F NAME STREET ADDRESS CITY-SY-ZIP

12. I hereby certify that the information supplied with this filing does reindicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute changed, or on an attachment with an address, with all other like. qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as replained by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #