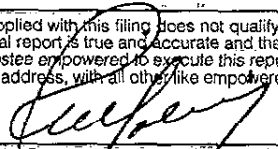


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M66044 1. Entity Name MOLERIO ELECTRIC CORP.																																											
Principal Place of Business 10202 SW FIRST ST MIAMI, FL 33174 US		Mailing Address 10202 SW FIRST ST MIAMI, FL 33174 US																																									
DO NOT WRITE IN THIS SPACE		 01202006 No Chg-P CR2E034 (11/05)																																									
4. FEI Number 65-0038748		Applied For ☐ Not Applicable																																									
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent MOLERIO, JUAN A. 10202 SW FIRST ST MIAMI, FL 33174		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>DPT</td> </tr> <tr> <td>NAME</td> <td>MOLERIO, JUAN A.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10202 SW FIRST ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33174</td> </tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>		TITLE	DPT	NAME	MOLERIO, JUAN A.	STREET ADDRESS	10202 SW FIRST ST	CITY-ST-ZIP	MIAMI, FL 33174	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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11. 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:  President 1-20-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-20-06 Daytime Phone #																																									