FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026874

1. Entity Name
EMS ELECTRONICS, INC.

Principal Place of Business	Mailing Address
~~5209 NW 74 AVE. #217~~ ~~MIAMI, FL 33166~~	~~5209 NW 74 AVE. #217~~ ~~MIAMI, FL 33166~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2624 NW 72 AVE		2624 NW 72 AVE	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: MIAMI FLORIDA		City & State: MIAMI FLORIDA	
Zip: 33122	Country: USA	Zip: 33122	Country: USA

4. FEI Number: 65-1049636 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORENO, MANUEL ~~5209 NW 74 AVE. #217~~ ~~MIAMI, FL 33166~~	Name: MORENO MANUEL Street Address (P.O. Box Number is Not Acceptable): 2624 NW 72 AVE — City: MIAMI FL Zip Code: 33122

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] MANUEL MORENO REGISTERED AGENT 03/10/2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☒ Delete	TITLE	PD MORENO, MANUEL	☒ Change ☐ Addition
NAME	MORENO, MANUEL		NAME	2624 NW 72 AVE	
STREET ADDRESS	~~5209 NW 74 AVE. #217~~		STREET ADDRESS	MIAMI FL 33122	
CITY-ST-ZIP	~~MIAMI, FL 33166~~		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing 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 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. MANUEL MORENO

SIGNATURE: [signature] PRESIDENT 03/10/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #