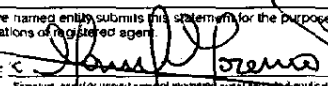
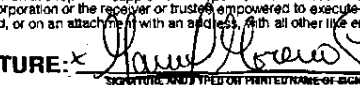


FILED
May 08, 2003 8:00 am
Secretary of State

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 5209 NW 74 AVE. #217 MIAMI, FL 33166		Mailing Address 5209 NW 74 AVE. #217 MIAMI, FL 33166	
2. Principal Place of Business 3634 NW 72 AVE		3. Mailing Address 3634 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	
5. Certificate of Status Desired ☐		☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MORENO, MANUEL 5209 NW 74 AVE. #217 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name MORENO MANUEL Street Address (P.O. Box Number Is Not Acceptable) 3634 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 the registered agent. SIGNATURE  MANUEL MORENO REGISTERED AGENT DATE 03/10/2003 (NOTE: Registered Agent's signature required when changing)			
FILE NOW! FEE IS \$160.00 After May 8, 2003 Fee will be \$500.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, MANUEL 5209 NW 74 AVE. #217 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, MANUEL 3634 NW 72 AVE MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE:  MANUEL MORENO PRESIDENT DATE 03/10/2003		SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CRZ034 (10/02)