2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

1. Entity Nam IC ELECT Principal Place 8819 SW 15 MIAMI, FL 3	RONICS, INC. e of Business M 1 COURT S 3196 I	lailing Address 8819 SW 151 COURT MIAMI, FL 33196	CE	04272004 4. FEI Numb 65-099	No Chg-P		Applied For lot Applicable diditional
AGUDELC 8819 SW 1 MIAMI, FL	151 COURT	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 lyped or profediname of registered agent and the I applicable (NOTE Registered Agent signature required when rensating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		.00 May Be ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRE DVS AGUDELO, MARIA P 8819 SW 151 COURT MIAMI, FL 33196 P CANO, IVAN D 8819 SW 151 COURT MIAMI, FL 33196	CTORS			(j63(93) no vas vi≰…	146551 20070-308 t	50.00
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NAME SIREET ADDRESS CITY-SI ZIP	scrift, that the information examined with this	filing thee not qualify for the area	motion stated is Co	nton 110 07/0	(i) Floride Chat are	Contract and Eastern	information in the second seco
12. I nereby 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 calm, 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: A SKILL TEMECEL FYCULUS 04/27/04 301.388 7/26/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date / Dayline Phone #							