2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000031087

FILED Oct 25, 2006 Secretary of State

Entity Name: MICRONEK SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1825 PONCE DE LEON BLVD SUITE 321 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 1825 PONCE DE LEON BLVD SUITE 321 CORAL GABLES, FL 33134 FEI Number: 65-1090212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ECHEVERRIA, MANUEL 16343 S.W. 95TH LANE MIAMI, FL 33196 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. SIGNATURE: Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete ECHEVERRIA, MANUEL Name:

1825 PONCE DE LEON BLVD SUTIE 321 Address:

City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete

Name: Address:

City-St-Zip:

Title: Name: Address:

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

1825 PONCE DE LEON BLVD SUTIE 321

ECHEVERRIA, MANUEL

CORAL GABLES, FL 33134

1825 PONCE DE LEON BLVD SUTIE 321

CORAL GABLES, FL 33134 City-St-Zip:

RICO, VANESSA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANESSA RICO **PVS** 10/25/2006