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Apr 23, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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| DOCUMENT # P01000063117 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name CISE ELECTRONICS, CORP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 12920 SW 128TH STREET UNIT 4 MIAMI, FL 33186 | Mailing Address 12920 SW 128TH STREET UNIT 4 MIAMI, FL 33186 |  04202005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-1116320</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table> | 4. FEI Number 65-1116320 | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent GUZMAN, ALBERTO F 9130 S. DADELAND BLVD. SUITE #1504 MIAMI, FL 33156 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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's signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <div style="display: flex; justify-content: space-between;"><div style="width: 30%;">FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div><div style="width: 30%;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 40%; text-align: right;">DATE 000000325414 04/23/05-80015-016 150.00</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">PD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">AUGERI, HECTOR F</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">LA PAMPA 3523, 10TH FLOOR APT D</td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;">BUENOS AIRES, 1430 ARGENTINA,</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">SD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">CORONEL, MARIA C</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">LA PAMPA 3523, 10TH FLOOR APT D</td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;">BUENOS AIRES, 1430 ARGENTINA,</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;"></td></tr></table> | | | TITLE | PD | NAME | AUGERI, HECTOR F | STREET ADDRESS | LA PAMPA 3523, 10TH FLOOR APT D | CITY- ST- ZIP | BUENOS AIRES, 1430 ARGENTINA, | TITLE | SD | NAME | CORONEL, MARIA C | STREET ADDRESS | LA PAMPA 3523, 10TH FLOOR APT D | CITY- ST- ZIP | BUENOS AIRES, 1430 ARGENTINA, | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | |
| TITLE | PD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Coronel MARIA CAROLINA CORONEL</u> 04-15-05 (786) 293-1094 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |