
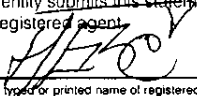
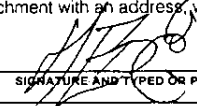


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90040 048 ***150.00

DOCUMENT # P01000085884 1. Entity Name FISTRI ELECTRONICS, INC.					
Principal Place of Business 1435 S.W. 6 ST. #2 MIAMI, FL 33135			Mailing Address 1435 S.W. 6 ST. #2 MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 23831 SW 108 Ave.		3. Mailing Address 23831 SW 108 Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Homestead, FL		City & State Homestead, FL		4. FEI Number 65-1134412	
Zip 33032		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSALES, SERGIO 1435 S.W. 6 ST. #2 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Rosales, Sergio Street Address (P.O. Box Number is Not Acceptable) 23831 SW 108 Ave. City Homestead FL Zip Code 33032			
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP ROSALES, SERGIO 1435 S.W. 6 ST. #2 MIAMI, FL 33135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rosales, Sergio 23831 SW 108 Ave. Homestead, FL 33032
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSALES, GLENDA 1435 S.W. 6 ST. #2 MIAMI, FL 33136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Rosales, Glenda 23831 SW 108 Ave. Homestead, FL 33032
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					