


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90127 045 ***150.00

DOCUMENT # P01000105742 1. Entity Name Asia Electric & Lighting, Corp,	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 631 NW 45th Ave Suite, Apt. #, etc.	3. Mailing Address 631 NW 45th Ave Suite, Apt. #, etc.
City & State Miami, FL Zip 33126 Country Miami-Dade	City & State Miami, FL Zip 33126 Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1151345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

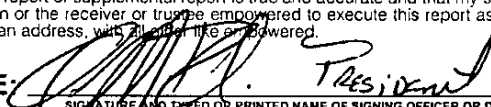
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Andres M Puerta Alvarez	
	Street Address (P.O. Box Number is Not Acceptable) 631 NW 45th Ave	
	City Miami Dade	FL Zip Code 33126

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andres M Puerta-Alvarez / PD 631 NW 45th Ave Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luz E Restrepo / VTD 631 NW 45th Ave Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luis F puerta-Alvarez / SD 631 NW 45th Ave Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/19/05 Date	305 441 7912 Daytime Phone #
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CR2E034B (12/02)