

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016646 1. Entity Name O & Y COMMUNICATION ELECTRONICS & INV., INC.						<div style="text-align: center;"> FILED 06 AUG -9 AM 11:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1647 SW 32 AVE. MIAMI, FL 33145				Mailing Address 1647 SW 32 AVE. MIAMI, FL 33145			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ROJAS, CARLOS 1647 SW 32 AVE. MIAMI, FL 33145				7. Name and Address of New Registered Agent Name ORESTES PEREZ Street Address (P.O. Box Number is Not Acceptable) 10024 NW 41 ST MIAMI, FL City FL Zip Code 33178			
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 <u><i>Carlos Rojas</i></u> (NOTE: Registered Agent signature required when re-registering) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME ROJAS, CARLOS <input checked="" type="checkbox"/> Delete STREET ADDRESS 1647 SW 32 AVE. CITY-ST-ZIP MIAMI, FL 33145				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ORESTES PEREZ STREET ADDRESS 10024 NW 41 ST CITY-ST-ZIP MIAMI FL 33178			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME OLGA TORRES STREET ADDRESS 3779 SW 13 AVE CITY-ST-ZIP MIAMI FL 33175			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME YANILDA Cueli STREET ADDRESS 8724 SW 8 ST CITY-ST-ZIP MIAMI FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 000078885140 08/18/06--01045--008 **150.00			
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: *Carlos Rojas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

K. Eckel AUG 09 2006