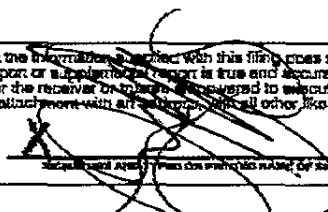


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000044696																																												
1. Entity Name XTRELEC INC.																																												
Principal Place of Business 3559 MAGELLAN CIRCLE #321 AVENTURA, FL 33180		Mailing Address 3559 MAGELLAN CIRCLE #321 AVENTURA, FL 33180																																										
DO NOT WRITE IN THIS SPACE																																												
03052004 No Chg-P CR2E034 (10/03) 4. FEI Number 33-1004640 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																												
6. Name and Address of Current Registered Agent YAKER, REBECA ESQ REBECA F YAKER PA 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE																																										
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 date if applicable. (DO NOT Registered Agent signature required when reappointing) DATE _____																																												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																										
<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">10. OFFICERS AND DIRECTORS</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>STRELEC, ABRAHAM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3559 MAGELLAN CIRCLE #321</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>AVENTURA, FL 33180</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </tbody> </table> 000000131969 04/27/04-80026-021 150.00 DO NOT WRITE IN THIS SPACE			10. OFFICERS AND DIRECTORS		TITLE	D	NAME	STRELEC, ABRAHAM	STREET ADDRESS	3559 MAGELLAN CIRCLE #321	CITY- ST- ZIP	AVENTURA, FL 33180	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP	
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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)(b), 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 I made under oath; that I am an officer or director of the corporation or the receiver or liquidator; that I am qualified 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, and all other like empowered.																																												
SIGNATURE: 		ABRAHAM STRELEC, DIR. Date 4/19/04																																										