


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90302 011 \*\*\*150.00

<b>DOCUMENT # P03000008667</b>	
1. Entity Name <b>SEL SUMINISTROS ELECTRICOS, INC.</b>	

Principal Place of Business <b>1030 SW 87 AVENUE APT A-7 MIAMI FL 33174</b>	Mailing Address <b>1030 SW 87 AVENUE APT A-7 MIAMI FL 33174</b>
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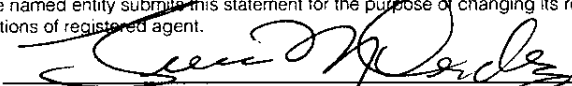
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 440911</b>  Suite, Apt. #, etc.
City & State	City & State <b>MIAMI FLORIDA</b>
Zip <b>33144</b>	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>KENDALL LATIN CENTER INC. 12556 SW 88 STREET MIAMI FL 33186</b>	
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7. Name and Address of New Registered Agent Name <b>JUAN M ORDONEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 NW 47 ST</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33309</b>	
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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  DATE <b>3/12/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P CASTILLO, OSCAR R 1030 SW 87 AVENUE APT A-7 MIAMI FL 33174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D ARCE, JOSE E 1030 SW 87 AVENUE APT A-7 MIAMI FL 33174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D ORDONEZ, JUAN M 1030 SW 87 AVENUE APT A-7 MIAMI FL 33174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:  <b>PREIDENT</b> DATE <b>3/12/04</b> DAYTIME PHONE # <b>954-491-0556</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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