*2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2005 08:00 AM DOCUMENT # P03000069507 **Secretary of State** OTMA ELECTRONIC, INC. Principal Place of Business Mailing Address 17030 NW 78 AVE 17030 NW 78 AVE MIAMI, FL 33015 MIAMI, FL 33015 %F,/,,,251,3F& 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03032005 Applied For City & State City & State ♣ FFI Number 14-1887959 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, MAIRA T Street Address (P.O. Box Number is Not Acceptable) 17030 NW 78 AVE MIAMI, FL 33015 City Zip Code FL 3. 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 eigent and title if applicable (NOTE: Registered Agent signature required when relinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 口 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RODRIGUEZ, MAIRA T NAME U00000254317 03/07/05-80070<u>-007</u> 150.00 17030 NW 78 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 COTY-ST-ZIP JITLE Delete TITLE Addition RODRIGUEZ, OTTOMAR NAME NAME 17030 NW 78 AVE STREET ADDRESS STREET ADDRESS CITY-ST-719 MIAMI, FL 33015 CITY-ST-7IP Change Addition | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TILE Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition मध ह NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MARIF STREET ADDRESS STREET ADDRESS CMY-ST-ZIP 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 inclicated 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:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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