
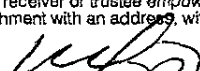


**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000069507</b>				<b>Mar 07, 2005 08:00 A</b>	
1. Entity Name OTMA ELECTRONIC, INC.		<b>Secretary of State</b>			
Principal Place of Business 17030 NW 78 AVE MIAMI, FL 33015		Mailing Address 17030 NW 78 AVE MIAMI, FL 33015			
2. Principal Place of Business		3. Mailing Address		6. Name and Address of Current Registered Agent	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7. Name and Address of New Registered Agent	
City & State		City & State		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.	
Zip		Country		9. Election Campaign Financing	
				Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
4. FEI Number 14-1887959		5. Certificate of Status Desired <input type="checkbox"/>		10. OFFICERS AND DIRECTORS	
Applied For Not Applicable		\$8.75 Additional Fee Required		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
RODRIGUEZ, MAIRA T 17030 NW 78 AVE MIAMI, FL 33015		Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SIGNATURE		DATE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SIGNATURE: 		03/03/05		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		TITLE NAME STREET ADDRESS CITY-ST-ZIP	