FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # P03000074298 1. Entity Name				04-23-2004 90231 046 ***150.00			
Paneque Electrics, Corp) 			
***	DO NOT WRITE	IN THIS S	PACE	94	061055		
Principal Place of Business 3. Mailing Address 3. Mailing Address							
Suite, Apt. #. etc. Suite, Apt. #. etc.				DO NOT WRITE IN THIS SPACE		CE	
City & State City & State Homestead, FL.		City & State		4. FEI Number 05-05-7668	76	Applied For Not Applicable	
Zip 33033	Zip Country Zip		Country	5. Certificate of Status Desired			
		1		7. Name and Address of Curre	nt Registered A	gent	
	DO HOT W	hart 8 ades inns	Name Juar	Name Juan Paneque			
DO NOT WRITE IN THIS SPACE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			13473 SW	13473 SW 284 St			
			City Home	City Homestead FL Zin Cod 33U33		Zin Code 33U33	
8. The above	e named entity submits this statement to	he purpose of changing it	s registered office or regis	stered agent, or both, in the State of	Florida. I am fam	iliar with, and accept	
the oblige	tions of registered agent.	<u>.</u>	_				
SIGNATURE	1 Spaget		n Paneque	induka - anatina)	4/01/04 DATE	ļ	
Ja	ignature. When or printed name of registered agent a inuary 1 - May 1. Fee is \$150.00	ind the ir applicable. (NO	ITE: Registered Agent signeture requ				
Make Check	After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of	State		Slection Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.							
TITLE NAME	President Juan Paneque)	TITLE NAME	· •		ş.	
STREET ADDRESS	13473 SW 284 ST		STREET ADDRESS			.*.	
CHY-ST-ZIP	Homestead, FL. 33033		CITY-ST-ZIP	·			
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TITLE			JULE				
NAME			NAME				

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Juan Paneque President

4/01/04

305-4417912

Date

Daytime Phone #