


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90063 044 \*\*\*150.00

<b>DOCUMENT #</b> P03000074298 <b>1. Entity Name</b> Paneque Electrics, Corp.	
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**DO NOT WRITE IN THIS SPACE**

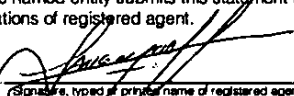
<b>2. Principal Place of Business</b> 535 SW 68 Ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> 535 SW 68 Ave Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Miami, FL	<b>City &amp; State</b> Miami, FL	<b>4. FEI Number</b> 05-0576686	<b>Applied For</b> Not Applicable
<b>Zip</b> 33144	<b>Country</b> Miami-Dade	<b>Zip</b> 33144	<b>Country</b> Miami-Dade
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>		
	<b>Name</b> Paneque Juan		
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
	535 SW 68 Ave		
	<b>City</b> Miami	<b>FL</b>	<b>Zip Code</b> 33144

**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.**

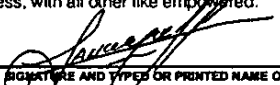
**SIGNATURE**  **DATE** 04-27-05

(NOTE: Registered Agent signature required when re-registering)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Paneque Juan / P 535 SW 68 Ave Miami, FL 33144	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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 employment.**

**SIGNATURE:**  **DATE** 04-27-05 **Daytime Phone #** 786-553-7728

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)