2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087789

OPA LOCKA, FL 33054

City-St-Zip:

Entity Name: ELECTROMOTIVE SOLUTIONS, INC

FILED Apr 28, 2006 Secretary of State

Entity Na	ine. ELECTIV	DIVICTIVE GOLOTICINO, IINO.			
Current P	rincipal Place	of Business:	New Principal Place of Business:		
	/ 43 AVE STE 5 KA, FL 33054	5A			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	′ 43 AVE STE 5 KA, FL 33054	5A			
FEI Number	: 20-0164330	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	URY 743 AVE STE 5 KA, FL 33054	5A US			
	named entity se of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LOPEZ, RICAR 13091 NW 43 A OPA LOCKA, F	VE STE 5A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () LOPEZ, NURY 13091 NW 43 A	Delete	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NURY LOPEZ D 04/28/2006