


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROPRIATE  
AND  
FILED

06 SEP 19 P 2

SECRETARY OF  
TALLAHASSEE, FL

DOCUMENT # P04000140786	
1. Entity Name HI-TECH AUTOMATION SOLUTIONS, CORP.	

Principal Place of Business 1350 SW 122 AVE 208 MIAMI, FL 33184	Mailing Address 1350 SW 122 AVE 208 MIAMI, FL 33184
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2. Principal Place of Business 1350 SW 122 Ave Suite, Apt. #, etc. SUITE 208 City & State MIAMI, FL Zip 33184 Country USA	3. Mailing Address 1350 SW 122 Ave Suite, Apt. #, etc. SUITE 208 City & State MIAMI, FL Zip 33184 Country USA
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09062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent LLERENA, LISET 1350 SW 122 AVE 208 MIAMI, FL 33184	
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7. Name and Address of New Registered Agent Name FRANCISCO ABREU Street Address (P.O. Box Number is Not Acceptable) 1350 SW 122 Ave #208 City MIAMI FL Zip Code 33184	
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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: LISET LLERENA	FRANCISCO ABREU 9-15-06

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLERENA, LISET 1350 SW 122 AVE, SUITE 208 MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y FRANCISCO ABREU 1350 SW 122 Ave #208 MIAMI, FL 33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200090091262 09/22/06--01048--012 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: LISET LLERENA	9-15-06 (786) 318-8686

9/21/06