2005 FOR PROFIT CORPORATION

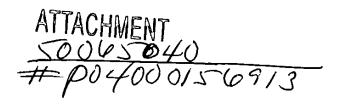
Sep 06, 2005 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P04000156913** 09-06-2005 90135 012 ***158.75 SISTEMAS AUTOMATICOS INDUSTRIALES, INC. Principal Place of Business Mailing Address 30411 BIRDHOUSE DRIVE **30411 BIRDHOUSE DRIVE** WESLEY CHAPEL, FL 33544 50065040 WESLEY CHAPEL, FL 33544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 06292005 Chg-P City & State City & State 4. FEI Number Applied For 20-1886003 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMOS, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 30411 BIRDHOUSE DRIVE WESLEY CHAPEL, FL 33544 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIBLE ☐ Delete TITLE ☐ Change ☐ Addition RAMOS, ORLANDO NAME NAME 30411 BIRDHOUSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CUTY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition RAMOS, ISLEYER NAME NAME STREET ADDRESS 30411 BIRDHOUSE DRIVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-SI-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



Sistemas Automaticos Industriales

To Florida Department of State:

I want to let you know that I never receive a first notice about this payment. I contacted you at (850)245-6956 and I was told to send \$150.00 along with this letter.

Sincerely,

Orlando Ramos President