2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P04000163747 04-25-2005 90242 041 ***150.00 CAMAR ELECTRONIC REPAIRS, CORP. Principal Place of Business Mailing Address UUSINAU 751 EAST 35TH ST **751 EAST 35TH ST** HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E034 (10/03) 4. FEI Number 2 City & State City & State Applied For .0-20561901 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, MARTHA CECILIA **751 EAST 35TH ST** Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33013 City Zip Code FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Addition ☐ Change LOPEZ, MARTHA CECILIA NAME NAME STREET ADDRESS 751 EAST 35TH ST STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OSORIA, CARLOS GABRIEL NAME STREET ADDRESS **751 EAST 35TH ST** STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ⁻☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tilling 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.

PAL

ING OFFICER OR DIRECTOR

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