


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P05000008664	
1. Entity Name SOLECTRO ELECTRONICS DISTRIBUTOR INC.	

Principal Place of Business 3340 NW 67 ST MIAMI, FL 33147	Mailing Address 3340 NW 67 ST MIAMI, FL 33147
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03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2346780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THESE SPACES

6. Name and Address of Current Registered Agent	
NASSAR, ALI 15331 SW 20 STREET MIRAMAR, FL 33027	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASSAR, MOHAMMED K 3340 NW 67 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASSAR, ALI 15331 SW 20 STREET MIRAMAR, FL 33027
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03/14/07-80001-022 150.00

DO NOT WRITE IN THESE SPACES

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:  **March 01, 2007 (954) 588-0302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #