


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90022 031 ***150.00

DOCUMENT # P05000050339		
1. Entity Name ELECTRO DEPOT, INC.		

Principal Place of Business 15265 SW 8 WAY MIAMI, FL 33194	Mailing Address 15265 SW 8 WAY MIAMI, FL 33194
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2. Principal Place of Business - No P.O. Box # 6095 NW 82 Ave.	3. Mailing Address 6095 NW 82 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL
Zip 33166	Zip 33166
Country	Country

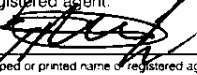
40043294



01302008 Chg-P CR2E034 (12/06)

4. FEI Number 01-0832597		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GUZMAN SALDIVAR, NICOLASINA 8858 W. FLAGLER ST. 208 MIAMI, FL 33174		
7. Name and Address of New Registered Agent Name: JUAN JOSE FERNANDEZ Street Address (P.O. Box Number is Not Acceptable): 6095 NW 82 Ave. City: MIAMI FL Zip Code: 33166		

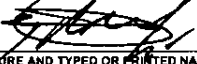
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  JUAN JOSE FERNANDEZ 3-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN SALDIVAR, NICOLASINA 8858 W. FLAGLER ST. #208 MIAMI, FL 33174 <input checked="" 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	VP FERNANDEZ, JUAN JOSE 8858 W. FLAGLER ST. #208 MIAMI, FL 33174 <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
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:  JUAN JOSE FERNANDEZ 3-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #