2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051631

Entity Name: WENCA TRANSFORMADORES, INC

FILED May 01, 2009 Secretary of State

Littly Nai	IIIE. WENCA	TRANSFORMADORES, INC				
Current Principal Place of Business:				New Principal Place of Business:		
3558 N. UNIVERSITY DR CORAL SPRINGS, FL 33065				1500 N. UNIVERSITY DRIVE SUITE 247 CORAL SPRINGS, FL 33071		
Current Mailing Address:				New Mailing Address:		
3558 N. UNIVERSITY DR 211 CORAL SPRINGS, FL 33065				3558 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		
FEI Number:	: 90-0315200	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CSI BUSINESS & FINANCINSE SERVICES 1500 N. UNIVERSITY DRIVE SUITE 235 CORAL SPRINGS, FL 33065 US				CST BUSINESS & FINANCIAL SERVICES 1500 N. UNIVERSITY DRIVE SUITE 273 CORAL SPRINGS, FL 33071 US		
	named entity e of Florida.	submits this statement for the	purpose o	of changing its register	ed office or registered agent, or both,	
SIGNATURE: CARMEN S. ROMERO-TEJEDA					05/01/2009	
	Electro	nic Signature of Registered A	gent		Date	
Election Car	mpaign Financin	3(2)(b), F.S., the corporation did in grant Fund Contribution ().	not receive t	•	AFO TO OFFICERS AND DIRECTORS.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (DURAN, EINES 3558 N UNIVEI CORAL SPRIN	RSITY DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (MAESTRE,, EL 3558 N. UNIVE CORAL SPRIN	RITY DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSY MAESTRE VP 05/01/2009