2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 03, 2007 08:00 A Secretary of State

	ANNU	al Kepc	JK I			111	<i>z</i> , 00,		
1. Entity Nam	MENT # P050000 ELECTRONIC INC				Secre	tary	y 01 S1		
Principal Plac	ce of Business	Mailing Ad	Idress						
6113 NW 36 ST 71 W 2			ST						
VIRGINIA GAI	RDENS, FL 33166	# 5	# 5						
		HIALEAH,	FL 33010		1 18811881 JR: 8	IIDI BAM BEME BUM BE	11 20 11 0 18718 3188 81	14 1 500 1 15	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing /	Address						
Suite, Apt.	. * , elc.	Suite, Ap	Suite, Apt. #, etc.			Chg-P	CR2E034	12/06)	
City & Stat	le	City & St	City & State			538			oplied For at Applicable
Zip	Country	Zip	Co	ountry	5. Certificate of Status Desired			\$8.75 Additional	
	6. Name and Address of Curr	ent Registered Ag	gent		7. Name and A	ddress of New F			
146142	1015			Name					
MOYA, M/ 71 W 22 S # 5 - (ST .	Street Address	(P.O. Box Number	is Not Acceptable	e)				
	FL 33010	i. Ne							
W.				City			FL	Zip Cod	е
8. The above	named entity submits this stateme	nt for the purpose of	of changing its regis	tered office or registe	ered agent, or both	, in the State of Fl		liar with.	and accept
SIGNATURE.	tions of registered agent.								
``	Signature, typed or printed name of registered a	gent and tille if applicable	. (NOTE, Regis	tered Agent signature require	od when reinstating)		DATE		
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$5:	- 1	lection Campaign Fi rust Fund Contribution		6.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS			11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIF	ECTOR	S IN 11
TITLE	P		_ 55,000	ITLE				Change	Addition
NAME	MOYA, MACHEL			IAME		U0000	0759615		
STREET ADDRESS CITY-ST-ZIP	71 W 22 ST - # 5 HIALEAH, FL 33010	•		STREET ADDRESS SITY - ST - ZIP		80000 05/24/07	'-80049-0	16 1:	50.00
	HIALEAH, FL 33010								
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NAME ']			IAME			_	•	_
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NAME				ITLE IAME			لــا	Change	Addition
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CITY-ST-ŽIP				CITY-ST-ZIP					
TITLE			Delete 1	ITLE				Change	Addition
NAME				AME					vasantyn
STREET ADDRESS			s	TREET ADDRESS					
City-St-ZiP				STY-\$I-ZIP					
12. I hereby o	certify that the information supplied	with this filing does	not qualify for the		al la Oliveria dato d	The state of the same of	1 1 21 1	- 1 1 1	formation
	on this conget or complemental	et in teun and	s not quality for the	exemptions containe	d in Chapter 119, i	riorida Statutes. I	turtner certify ti	nat the ir	nonnanon j
of the cor	certify that the information supplied on this report or supplemental report poration or the receiver or trostee e , or on an attachment with an addre	ort is true and accumpowered to exec	rate and that my sig sule this report as rec	exemptions containe nature shall have the quired by Chapter 60	d in Chapter 119, i same legal effect a 7, Florida Statutes:	riorida Statutes. I as if made under (and that my nam	turther certify to bath; that I am a e appears in Pir	nat the ir n officer ick 10 or	or director Block 11 if