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May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07000075236

1. Entity Name
VOLTEC CORPORATION

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A0103341

2. Principal Place of Business	3. Mailing Address
2051 NW 112 AVE	2051 NW 112 AVE
Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33172 Country USA	Zip 33172 Country USA

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4. FEI Number 26-0455531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ANA SOSA

Street Address (P.O. Box Number is Not Acceptable) 6045 NW 82 AVE

MIAMI, FL 33166

City FL Zip Code

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Corporation Annual Report Fee $150.00 ... Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLOS CASTELLANO
STREET ADDRESS	2051 NW 112 AVE # 110
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	BELIS A. CASTELLANO
STREET ADDRESS	2051 NW 112 AVE # 110
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	T
NAME	ANA SOSA
STREET ADDRESS	2051 NW 112 AVE # 110
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Castellano 04/23/08 786-226-7197

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