## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 24, 2004 8:00 am Secretary of State **DOCUMENT # P95000016005** 03-24-2004 90004 041 \*\*\*150.00 ORIENTE ELECTRONICS, INC. Mailing Address Principal Place of Business 21055 NE YACHT CLUB DRIVE 54021460 21055 NE YACHT CLUB DRIVE APT. #3010 APT. #3010 MIAMI, FL 33180 MIAMI, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012004 Cha-P CR2E034 (10/03) City & State 4 FELNumber Applied For City & State ــ65-0596839-Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANRIQUE, CARLOS A 5220 NW 72 AVE SUITE AZ 21055 NE Yacht Club Drive Street Address (P.O. Box Number is Not Acceptable) Ap+ # 3010 MIAMI, FL 33166. MIGMI FL 33180 City Zip Code ۴L 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 Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F Change 21055 NE YACH+ Club Drive # 3010 MANRIQUE, CARLOS A NAME NAME STREET ADDRESS STREET ADDRESS 5220 NW 72ND AVE STE A-2 Miami FL 33180 CiTY-ST-ZIP CITY-ST-7IP MIAMI, FL 33166 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City: St. 7IP1 CITY - ST- ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Change ☐ Delete Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST- 7IP CITY - ST - ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP formation 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 r 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 receiver of trustee appropered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if him fill with a addless, with all other-like improvered. I hereby certify that the information indicated on this report or supplet of the corporation or the receiver. changed, or on an attac Ċ, 305-593-9559 SIGNATURE: ED OR PRINTED NAME OF SIGNING OF

FILED