


**\* 2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000092670</b>	
1. Entity Name NATIONAL ELECTRONIC TECHNOLOGIES, INC.	

Principal Place of Business 12249 SW 14 LANE #1206 MIAMI, FL 33184-2869	Mailing Address 12249 SW 14 LANE #1206 MIAMI, FL 33184-2869
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**DO NOT WRITE IN THIS SPACE**



02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0629105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FLOR, DAVID  
12249 SW 14 LANE  
#1206  
MIAMI, FL 33184-2869

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOR, DAVID 12249 S.W. 14TH LANE #1206 MIAMI, FL 331842869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GARCELL, JORGE 9800 NW 10TH ST PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS VIDAL, JOSE 9800 NW 10TH ST PEMBROKE PINES, FL 33024
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **DAVID FLOR** 2/21/05 305-534-0200

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR