

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055122

FILED
Jun 29, 2005
Secretary of State

Entity Name: A-1 ETRON OF SOUTH FLORIDA INC.

Current Principal Place of Business:

5661 SW 8TH STREET
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

5661 SW 8TH STREET
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 65-0675666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABEZAS, LAZARO
11072 SW 65TH ST.
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABEZAS, LARARO M
Address: 11072 SW 65 STREET
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: CABEZAS, LAZARO I
Address: 11072 SW 65TH ST
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: CABEZAS, LILIA
Address: 11072 S.W. 65TH STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABEZAS, LAZARO M
Address: 11072 SW 65 STREET
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAZARO CABEZAS

VP

06/29/2005

Electronic Signature of Signing Officer or Director

Date