


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90099 035 ***150.00

DOCUMENT # P97000009587 1. Entity Name NEW-TECH ELECTRONICS, INC.					
Principal Place of Business 5110 NW 190TH STREET CAROL CITY, FL 33055		Mailing Address 5110 NW 190TH STREET CAROL CITY, FL 33055			
2. Principal Place of Business 1631 W 38th PL. Suite, Apt. #, etc.		3. Mailing Address 1631 W 38th PL Suite, Apt. #, etc.			
City & State Hialeah FL. Zip 33012 Country USA		City & State Hialeah FL Zip 33012 Country USA		4. FEI Number 65-0725029 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03092005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LLERENA, MICHAEL 5110 NW 190TH ST. CAROL CITY, FL 33055			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u>Michael Llerena</u> DATE: <u>3/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LLERENA, MICHAEL 5110 NW 190TH ST. CAROL CITY, FL 33055		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael Llerena</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/9/05 (305) 828-4633 <small>Date Daytime Phone #</small>		

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