2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Kosema

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P98000107435 04-25-2007 90174 025 ***150.00 1. Entity Name TECH ELECTRIC, INC. Principal Place of Business Mailing Address 9421 CARIBBEAN BLVD 9421 CARIBBEAN BLVD MIAMI, FL 33189 MIAMI, FL 33189 3. Mailing Address 2. Principal Place of Business - No P.O. Box # P.O. BOX 972617 19082 SW 318 Terr Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-P CR2E034 (12/06) Applied For 4. FÉI Number City & State City & State FL Homestead Miami 65-0884300 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 33197-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Koberto Banos BANOS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9421 CARIBBEAN BLVD Terrace MIAMI, FL 33189 City Homestead Zip Code 33030 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 agen SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Delete TITLE BANOS, ROBERTO A NAME NAME 19082 SW 318 Terrace STREET ADDRESS 9421 CARIBBEAN BLVD STREET ADDRESS Homestead, Fl 33030 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33189 TITLE ☐ Delete TITLE ☐ Addition BANOS, ROSEMARY NAME 19082 SW 318 Terrace STREET ADDRESS 9421 CARIBBEAN BLVD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33189 CITY-ST-ZIP Homestead, FL 33030 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete T Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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.

INTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED