## **FILED 2005 FOR PROFIT CORPORATION** May 05, 2005 08:00 AM Secretary of State

| ANN                         | 1                          | Tay o |                             |                          |  |
|-----------------------------|----------------------------|-------|-----------------------------|--------------------------|--|
| DOCUMENT, # P9900           |                            | Sec   |                             |                          |  |
| 1. Entity Name              |                            |       |                             |                          |  |
| A.D.O. ELECTRONICS EXPR     | ESS, INC.                  |       |                             |                          |  |
| Principal Place of Business | Mailing Address            |       |                             |                          |  |
| 635 W HWY 50                | 635 W HWY 50               |       |                             |                          |  |
| #E                          | #E                         |       |                             |                          |  |
| CLERMONT, FL 34711          | CLERMONT, FL 34711         |       |                             |                          |  |
|                             |                            |       |                             |                          |  |
| DO NOT WE                   | DITE IN THIS SO            | VCE   | 04232005                    | No Chg                   |  |
| DO NOT WRITE IN THIS SPACE  |                            |       |                             | 4. FEI Number 59-3593798 |  |
|                             |                            |       | 5. Certificate of Status De |                          |  |
| 6. Name and Address o       | f Current Registered Agent |       |                             |                          |  |
| OSORIO, AUGUSTO             |                            |       | no.                         | ТОЙ                      |  |
| 635 W HWY 50                |                            |       | DO                          | IVVI                     |  |
| STE E<br>CLERMONT, FL 34711 |                            |       | IN T                        | HIS                      |  |
| I                           |                            | 1     |                             |                          |  |

CR2E034 (10/03)

Applied For Not Applicable

\$8.75 Additional Fee Required

| CLERMON   | NT, FL 34711  |   | IN THIS SPACE  |                                |   |  |  |  |
|---|---|---|----------------|--------------------------------|---|--|--|--|
|   |   | Į   |                |                                |   |  |  |  |
| 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_  | Signature, typed or printed name of registered agent and title if | applicable, (NOTE, Registered A                           | gent signature | required when reinstating)     | DATE                                      |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00       | 9. Election Campaign Financia<br>Trust Fund Contribution. | ng 🗆           | \$5.00 May Be<br>Added to Fees |   |  |  |  |
| 10.   | OFFICERS AND DIREC  | TORS  |                |                                | <u> </u>                                  |  |  |  |
| TITLE   | P   |   |                |                                |   |  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | OSORIO, AUGUSTO L<br>635 W HWY 50 STE E<br>CLERMONT, FL 34711     |   |                | <del>-</del> -                 |   |  |  |  |
| TITLE   |   |   |                |                                | ዘበሰበንሮንሮሚችች                               |  |  |  |
| NAME  |   | 1   |                |                                | U00000363114<br>05/05/05-80144-022 158.75 |  |  |  |
| STREET ADDRESS  |   | Í   |                |                                | 03,00,00 0014, OET 130.13                 |  |  |  |
| CITY-ST-ZIP   |   |   |                |                                |   |  |  |  |
| TITLE   |   | l   |                |                                |   |  |  |  |
| NAME  |   | Ţ   |                |                                |   |  |  |  |
| STREET ADDRESS CITY-ST-ZIP  |   | į   |                | DO                             | NOT WRITE                                 |  |  |  |
|   |   |   |                | _                              |   |  |  |  |
| TIFLE<br>NAME   |   |   |                | IN '                           | THIS SPACE                                |  |  |  |
| STREET ADDRESS  |   |   |                |                                |   |  |  |  |
| CITY-ST-ZIP   |   |   |                |                                |   |  |  |  |
| TITLE   |   |   |                | •                              | · ·                                       |  |  |  |
| NAME  |   |   |                |                                |   |  |  |  |
| STREET ADDRESS  |   | J   |                |                                |   |  |  |  |
| CITY-ST-ZIP   |   |   |                |                                |   |  |  |  |
| TITLE   |   | 1   |                |                                |   |  |  |  |
| NAME<br>PTREET ADDRESS  |   | 1   |                |                                |   |  |  |  |
| STREET ADDRESS CITY-ST-ZIP  |   | j   |                |                                |   |  |  |  |
| 12. I hereby certify that the information supplied with this filling 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 anothrait my signature shall have the same legal effect as if made under oath; that I am an officer or director |   |   |                |                                |   |  |  |  |

indicated of units report or supplemental report is true and accurate anothrat 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 fusites empowered to execute this leport 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:

MIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR