## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2007 08:00 A Secretary of State

| DOCUMENT # P9900055245  1. Entity Name STEER-TECH INVESTMENT, CORP.  |  |   |   | Secretary of St   |      |
|--|--|---|---|---|------|
| Principal Place<br>245 WEST 74<br>HIALEAH, FL  | 1 PLACE  | Mailing Address 245 WEST 74 PLACE HIALEAH, FL 33012 | •   |   |      |
| Ď  | O NOT WRITE  | IN THIS SPA   | CE  | 01292007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For S5-0927354 Not Applied For Not Applied For Not Applied For Not Applied For S7.75   | ble  |
| <u> </u>   | 6. Name and Address of Current Re  | gistered Agent                                      | 1 1 1                                       | 5. Certificate of Status Desired  |      |
| CABRERA<br>245 WEST<br>HIALEAH,  | A, GERARDO<br>74 PLACE<br>FL 33012   |   | Sign Comments                               | DO NOT WRITE<br>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  Signature typed or printed name of registered agent and little if applicable  (NOTE Registered Agent signature required when reinstating)  PLE IS \$150.00  After May 1, 2007 Fee will be \$550.00 |  |   |   |   |      |
| <u> </u>   | OFFICERS AND D   | <u> </u>  |   |   |      |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD CABRERA, GERARDO 245 WEST 74 PLACE HIALEAH, FL 33012 VSD CABRERA, CARLOS 245 WEST 74 PLACE HIALEAH, FL 33012  | RECTORS   |   | 000000692579<br>04/16/07-80005-019 150  | .00  |
| NAME<br>STREET ADDRESS<br>CHY-ST-ZIP   |  |   |   | DO NOT WRITE  |      |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | IN THIS SPACE   |      |
| TITLE NAME STREET ADDRESS CITY+S1-ZIP  |  |   | i s   |   |      |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   |   |      |
| of the cor   | on this report or supplemental report is troporation or the receiver or trusted empty, poration or the receiver or trusted empty, or on an attachment with an address with | and accordate and that my sign                      | ature shall have the<br>uired by Chapter 60 | ed in Chapter 119, Florida Statutes 1 further certify that the information<br>e same legal effect as if made under oath; that I am an officer or direct<br>07, Florida Statutes; and that my name appears in Block 10 or Block 11 | nr I |
| SIGNAL   |  | TED NAME OF SIGNING OFFICER OR DIRECT               | CTOR  | Date Daytime Phone •  | -    |