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Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91005 003 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000099671

1. Entity Name
ELECTROMECHANICAL TRADING INC.

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
2180 IMMOKALEE RD	2180 IMMOKALEE RD
Suite, Apt. #, etc. 313	Suite, Apt. #, etc. 313
City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip 34110 Country USA	Zip 34110 Country USA

04152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0963247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENEZES, SIDNET 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	Name JAIME L. ORTIZ Street Address (P.O. Box Number is Not Acceptable) ELECTROMECHANICAL TRADING, INC. 2180 IMMOKALEE RD - 313 City NAPLES FL Zip Code 34110

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] - PRESIDENT 4/21/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D ORTIZ, JAIME LEON 520 BRICKELL KEY DRIVE MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D ORTIZ, JAIME LEON 2180 IMMOKALEE RD - 313 NAPLES, FL 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLO, CARMEN ALICIA 520 BRICKELL KEY DRIVE MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GALLO, CARMEN ALICIA 2180 IMMOKALEE RD-313 NAPLES, FL 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MENEZES, SIDNEY 520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] JAIME L. ORTIZ 4/21/04 239-566-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #