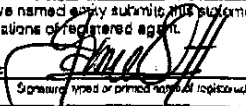
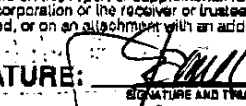


FILED
Apr 26, 2004 8:00 am
Secretary of State

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 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business 2180 INHOKALEE RD Suite, Apt. #, etc. 313		3. Mailing Address 2180 INHOKALEE RD Suite, Apt. #, etc. 313	
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA	
Zip 34110	Country USA	Zip 34110	Country USA
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 MENEZES, SIDNEY 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name JAIHE L. ORTIZ Street Address (P.O. Box Number is Not Acceptable) ELECTROMECHANICAL TRADING INC. 2180 INHOKALEE 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  - PRESIDENT		DATE 4/21/04	
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, JAIHE LEON 520 BRICKELL KEY DRIVE MIAMI, FL 33131	☐ Delete	
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	AS MENEZES, SIDNEY 520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. ORTIZ, JAIHE LEON 2180 INHOKALEE RD - 313 NAPLES, FL 34110	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GALLO, CARMEN ALICIA 2180 INHOKALEE RD - 313 NAPLES, FL 34110	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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 included 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 the 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:  JAIHE L. ORTIZ		DATE 4/21/04 239-5663376	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	