

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # P99000099671

1. Entity Name  
ELECTROMECHANICAL TRADING INC.



Principal Place of Business

2180 IMMOKALEE RD  
313  
NAPLES, FL 34110

Mailing Address

2180 IMMOKALEE RD  
313  
NAPLES, FL 34110



04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI 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**

ORTIZ, JAIME L  
ELECTROMECHANICAL TRADING, INC.  
2180 IMMOKALEE RD #313  
NAPLES, FL 34110

**DO NOT WRITE  
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 the filer, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ORTIZ, JAIME LEON
STREET ADDRESS	2180 IMMOKALEE RD -313
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	P
NAME	GALLO, CARMEN ALICIA
STREET ADDRESS	2180 IMMOKALEE RD -313
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000321456  
04/21/05-80078-018 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-to Phone #

4/19/05 (239) 566-7376