


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000099671 1. Entity Name ELECTROMECHANICAL TRADING INC.	
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Principal Place of Business 2180 IMMOKALEE RD 313 NAPLES, FL 34110	Mailing Address 2180 IMMOKALEE RD 313 NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0963247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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**

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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 Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000920270 05/14/08-80036-025 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, JAIME LEON 2180 IMMOKALEE RD -313 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLO, CARMEN ALICIA 2180 IMMOKALEE RD -313 NAPLES, FL 34110
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/22/08** **(239) 566 3376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #