


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S67216 1. Entity Name 24 HOUR ELECTRONICS, CORP.	
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Principal Place of Business 2300 CORAL WAY SUITE #200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE #200 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0273351	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE #200
MIAMI, FL 33145

**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: 	AMADA CAMTRA LOPEZ 3/15/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000097531 03/29/04-80005-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPS, RODOLFO L 2267 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MONTES, HORACIO 1855 W 62ND ST, UNIT #116 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 	3-16-04
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

RODOLFO CAMPS