2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: KIDERGIA (Olvars

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED Mar 28, 2006 8:00 am Secretary of State

DCCUMENT # S70198 1. Entity Name POWER ONE EQUIPMENT, INC.								03-28-2006 90109 042 ***158.75					
Principal Plac	e of Business		M	Mailing Address									
10845 S.W. 41 TERRACE				10845 S.W. 41 TERRACE					•				
MIAMI, FL 33165				MIAMI, FL 33165				6 40 .2 11010 fff	1860 68(8) (1818 18(8) 18)	1 8 (8) (8) (1) (1)	1 81811 BIS11 S16		
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03212006	Chg-P	CR2E03	34 (11/05)		
City & State				City & State				4. FEI Numbe 65-035			 	oplied For of Applicable	
Zip	Country			Zip	try		5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address	of Current Regis	Registered Agent			7. Name and Address of New Registered Agent						
ALVAREZ, PEDRO							Name						
10845 S.W MIAMI, FL	. 41ST TE	RRACE					Street Address (P.O. Box Number is Not Acceptable)						
							City FL Zip Code						
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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 little if applicable, (NOTE: Registered Agent signature required when reinstating) OATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFF	CERS AND DIREC	DIRECTORS 11.			,	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	\$ IN 11	
TITLE	PST Delete				TITLE						☐ Change	Addition	
NAME STREET ADDRESS	ALVAREZ, PEDRO 10845 SW 41 TERR			NAM									
CITY-ST-ZIP	MIAMI, FL					ET ADDRESS -ST-ZIP							
TITLE				☐ Delete	TITLE		VΡ	1	A 1.		☐ Change	Addition	
NAME STREET ADDRESS					E Et address	Ahr	ned	Alvarez	•		, ,		
CITY-SI-ZIP						-ST-ZIP		10 m	$\frac{41}{16}$	v 3165			
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NAME CIDLET ADDRESS					NAM								
STREET ADDRESS : CITY-ST-ZIP						ET ADDRESS - ST- ZIP						÷ -	
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NAME STREET ADDRESS					NAMI								
CITY-ST-ZIP						ET ADORESS - ST - ZIP							
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NAME .					NAMI							_	
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NAME CLOCET ADDRESS					NAMI								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
12. I hereby o	certify that the	information s	upplied with this ti	ling does not qualify to	or the exe	emotions c	ontained	in Chapter 119	, Florida Statutes. I	further certif	ly that the ir	nformation	
12. Thereby 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 these 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 attachney with an address, with all other like empowered.												or director	

3/24/04

Daytime Prione #