

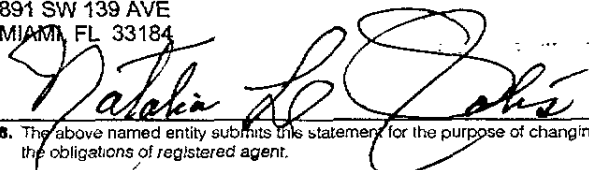
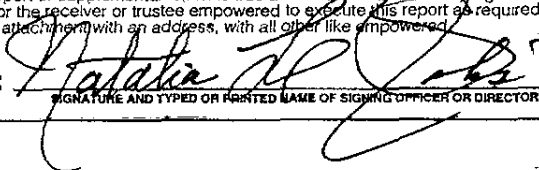


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # V49775 1. Entity Name M.Y.S. ELECTRONICS INC.					
Principal Place of Business 891 S.W. 139 AVENUE MIAMI, FL 33184 US		Mailing Address 891 S.W. 139 AVENUE MIAMI, FL 33184 US			
					
		07022004 No Chg-P CR2E034 (10/03)			
4. FEI Number 65-0347387		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> <td style="width: 50%; padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For	Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
SOLIS, NATALIA L. 891 SW 139 AVE MIAMI, FL 33184 					
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 _____		DATE 07/02/2004			
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS					
TITLE	PD	U00000163906 07/07/04-80024-007 150.00 DO NOT WRITE IN THIS SPACE			
NAME	SOLIS, NATALIA L.				
STREET ADDRESS	891 SW 139TH AVE				
CITY-ST-ZIP	MIAMI, FL				
TITLE	SD				
NAME	SOLIS, MIGUEL A.				
STREET ADDRESS	891 S.W. 139 AVENUE				
CITY-ST-ZIP	MIAMI, FL				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		07/02/2004 305 220-6482			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			