


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P16621 1. Entity Name SOLITRON DEVICES, INC.	
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Principal Place of Business 3301 ELECTRONICS WAY W PALM BCH, FL 33407	Mailing Address 3301 ELECTRONICS WAY W PALM BCH, FL 33407
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-1684144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SARAF, SHEVAC H  
 3301 ELECTRONIS WAY  
 WEST PALM BEACH, FL 33407

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	CEOP SARAF, SHEVACH 3301 ELECTRONIC WAY WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JACOB A. PHD 370 FRANKLIN AVENUE INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLIG, JOSEPH 129 MAYFIELD TRUMBULL, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000563347  
 07/13/06-80008-021 150.00

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: *Joseph Schligh* 7/7/06 561 848 4311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #