


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90035 008 \*\*\*150.00

**DOCUMENT # P16621**  
 1. Entity Name  
 SOLITRON DEVICES, INC.



Principal Place of Business: 3301 ELECTRONICS WAY, W PALM BCH, FL 33407  
 Mailing Address: 3301 ELECTRONICS WAY, W PALM BCH, FL 33407

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40008469



01242007 Chg-P CR2E034 (12/06)

4. FEI Number: 22-1684144  
 Applied For:  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SARAF, SHEVACH H  
 3301 ELECTRONIC WAY  
 WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent  
 Name: SARAF, SHEVACH  
 Street Address (P.O. Box Number is Not Acceptable): 3301 ELECTRONICS WAY  
 City: WEST PALM BEACH FL Zip Code: 33407

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: SHEVACH SARAF *[Signature]* SHEVACH SARAF 1/24/07  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	SARAF, SHEVACH	
STREET ADDRESS	3301 ELECTRONIC WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JACOB A. PHD	
STREET ADDRESS	370 FRANKLIN AVENUE	
CITY-ST-ZIP	INDIALANTIC, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLIG, JOSEPH	
STREET ADDRESS	129 MAYFIELD	
CITY-ST-ZIP	TRUMBULL, CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Saraf Saraf SHEVACH SARAF 1/24/07 561 848 4311 xRS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #