

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED
Feb 04, 2008 08:00 AM
JAN 22 2008
Secretary of State
Solitron Devices Inc
Corporate

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 22-1684144	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	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 SARAF, SHEVACH 3301 ELECTRONICS WAY WEST PALM BEACH FL 33407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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 _____
Signature, typed or printed name of the registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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	

U00000814843
02/13/08-80061-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/23/08 561 848 4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR