

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90122 022 ***150.00



DOCUMENT # P96000001702

1. Entity Name

R F DEVICES, INC.

Principal Place of Business

1300 COCONUT RD
 BOCA RATON FL 33432
 US

Mailing Address

1300 COCONUT RD
 BOCA RATON FL 33432
 US

2. Principal Place of Business

500 S. E. MIZNER BLVD.

Suite, Apt. #, etc.

206A

City & State

BOCA RATON FL

Zip

33432

Country

US

3. Mailing Address

500 S. E. MIZNER BLVD.

Suite, Apt. #, etc.

206A

City & State

BOCA RATON FL

Zip

33432

Country

US



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0640860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGEL, LEE S
 1300 COCONUT RD
 BOCA RATON FL 33432

ENGEL, LEE S.
 500 S. E. MIZNER BLVD.
 APT. 206A
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

ENGEL, LEE S.

Street Address (P.O. Box Number is Not Acceptable)

500 SE MIZNER BLVD

APT 206A

City

BOCA RATON

FL

Zip Code

33432

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

LEE S. ENGEL PRES

Lee S Engel

APRIL 5, 2005

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ENGEL, BEA	
STREET ADDRESS	1300 COCONUT RD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGEL, JEFFREY	
STREET ADDRESS	2391 ROCKLEDGE DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	<input type="checkbox"/> Delete
NAME	ENGEL, LEE S	
STREET ADDRESS	1300 COCONUT ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500 S. E. MIZNER BLVD. APT. 206A	
CITY-ST-ZIP	BOCA RATON, FL 33432	
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	500 S. E. MIZNER BLVD. APT. 206A	
CITY-ST-ZIP	BOCA RATON FL 33432	
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 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:

LEE S. ENGEL PRES

Lee S Engel

5 APR 05 561 347 8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #