

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90388 006 ***150.00

DOCUMENT # 327660 1. Entity Name ARTESYN TECHNOLOGIES, INC.					
Principal Place of Business 7900 GLADES RD. #500 BOCA RATON, FL 33434			Mailing Address 7900 GLADES ROAD #500 BOCA RATON, FL 33434 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAGER, BERT 6129 SW 70TH STREET MIAMI, FL 33143			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete			
NAME	JOSEPH M O'DONNELL				
STREET ADDRESS	7900 GLADES RT #500				
CITY-ST-ZIP	BOCA RATON, FL 33434				
TITLE	DAS	<input type="checkbox"/> Delete			
NAME	OLLENDORFF, STEPHEN A.				
STREET ADDRESS	599 LEXINGTON AVE.				
CITY-ST-ZIP	NEW YORK, NY 100226030				
TITLE	VS	<input checked="" type="checkbox"/> Delete			
NAME	THOMPSON, RICHARD J.				
STREET ADDRESS	7900 GLADES RD.				
CITY-ST-ZIP	BOCA RATON, FL 33434				
TITLE	D	<input type="checkbox"/> Delete			
NAME	SAGER, BERT				
STREET ADDRESS	6129 SW 70 ST.				
CITY-ST-ZIP	MIAMI, FL 33143				
TITLE	AS	<input type="checkbox"/> Delete			
NAME	LIBOW, DAVID I.				
STREET ADDRESS	7900 GLADES RD., #500				
CITY-ST-ZIP	BOCA RATON, FL 33434				
TITLE	D	<input type="checkbox"/> Delete			
NAME	LEWIS SOLOMON				
STREET ADDRESS	C/O SILENT RADIO, INC 144 NASSAU BLVD				
CITY-ST-ZIP	WEST HEMPSTEAD, NY 11552				
TITLE					
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: _____		DAVID LIBOW		4/17/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		561-451-1000	
				Daytime Phone #	