## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # 383354** 04-23-2004 90265 024 \*\*\*150.00 DIMENSION ELECTRONICS, INC. Principal Place of Business Mailing Address 120 E. OAKLAND PARK BLVD. 120 E. OAKLAND PARK BLVD. SUITE 105 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE . CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1785812 Not Applicable Country Country Zip \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITTLE, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 120 E. OAKLAND BLVD. #105 FT. LAUDERDALE FL 33334 Zip Code FI 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: typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE LITTLE, ARTHUR NAME NAME STREET ADDRESS 120 E. OAKLAND PARK #105 STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE DRAGO, C. NAME NAME 120 E. OAKLAND PARK BLVD. #105 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIT! F Delete TITLE NAME NAME DOREMUS, J. 120 E. OAKLAND PARK BLVD. #105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete T1T4 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Little

4/21/04

Daytime Phone #

**FILED**