2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # 439677** 1. Entity Name LE GRAND ELECTRONICS, INC. Principal Place of Business Mailing Address 6187 NW 167 ST H37 6187 NW 167 ST H37 MIAMI, FL 33015 MIAMI, FL 33015 04212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1511004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, CHARLES H. DO NOT WRITE 6187 NW 167TH ST H37 MIAMI, FL 33015-1301 IN THIS SPACE 3. 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE JONES, CHARLES H. NAME STREET ADDRESS 18521 SW 58TH ST CITY-ST-ZIP FT LAUDERDALE, FL TITLE 000000135026 04/28/04-80042-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling 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.

FICER OF DIRECTOR

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Jones

4/23/04

FILED

(305) 825-10