


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 527031
1. Entity Name
AUDIOTRONICS, INC.



Principal Place of Business: **211 S HOMESTEAD BLVD
HOMESTEAD, FL 33030 US**
Mailing Address: **211 S HOMESTEAD BLVD
HOMESTEAD, FL 33030 US**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-1724069** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CISCO ROBERT A
16830 6W 301 ST
HOMSTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable NOTE Registered Agent signature required when reinstating

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CISCO, ROBERT A.
STREET ADDRESS	16830 SW 301 ST.
CITY-ST-ZIP	HOMSTEAD, FL
TITLE	ST
NAME	CISCO, JULIANA
STREET ADDRESS	16830 SW 301 ST.
CITY-ST-ZIP	HOMSTEAD, FL
TITLE	VP
NAME	BLAKE CISCO, ROBERT
STREET ADDRESS	16830 SW 301 ST.
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

UD00000349012
05/02/05-80048-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; that 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: *Juliana K. Cisco* Juliana K. Cisco Date: 4/28/05 Daytime Phone #: 305-248-4144