

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90432 019 ***150.00

DOCUMENT # 563304

1. Entity Name
AUDIOSONIC INC.



Principal Place of Business
4777 N.W. 72ND AVE.
MIAMI, FL 33166

Mailing Address
4777 N.W. 72ND AVE.
MIAMI, FL 33166

34064433



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1817535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAOSA, RAMON DE
13753 SW CIRCLE LANE #3
(147 C.L.)
MIAMI, FL 33186

**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

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V	
NAME	LAFARGA, ROBERTO	<u>DELETE</u> X
STREET ADDRESS	14908 S.W. 193RD PLACE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	P	
NAME	DE LAOSA RAMON	
STREET ADDRESS	13753 S W CIRCLE LANE #3	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T	
NAME	DE LAOSA, ALICIA	
STREET ADDRESS	13753 S W 147TH CIRCLE LANE #3	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SCT	<u>DELETE</u> X
NAME	DE LAOSA, JOSE LUIS	
STREET ADDRESS	5049 SW 4TH ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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:

RAMONDE LAOSA-PRES.

4/20/04

305-599-5226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #