## 2005 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 06, 2005 08:00 AM DOCUMENT # F56001 **Secretary of State** 1, Entity Name KSM ELECTRONICS OF GEORGIA, INC. Principal Place of Business Mailing Address 6630 NW 16TH TERR 6630 NW 16TH TERR FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-1572606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENJAMIN, STEPHEN J DO NOT WRITE 6630 NW 16TH TERR FORT LAUDERDALE, FL 33311 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. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ZUCKER, MELVIN NAME 6630 NW 16TH TERRACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL TITLE BENJAMIN, STEPHEN J NAME STREET ADDRESS 6630 NW 16TH TERRACE FORT LAUDERDALE, FL CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR