


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # G57083
 1. Entity Name
 KSM ELECTRONICS MIDWEST, INC.



Principal Place of Business Mailing Address
 % STEVEN BENJAMIN % STEVEN BENJAMIN
 6630 NW 16TH TERRACE 6630 NW 16TH TERRACE
 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 36-3248302 Not Applicable

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

6. Name and Address of Current Registered Agent
 BENJAMIN, STEVEN
 6630 NW 16TH TERRACE
 FT. LAUDERDALE, FL 33309

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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	DP
NAME	BENJAMIN, STEPHEN
STREET ADDRESS	6630 NW 16TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VP
NAME	ZUCKER, MELVIN
STREET ADDRESS	6630 NW 16TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VP
NAME	STEELE, JOHN
STREET ADDRESS	6630 NW 16TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VP
NAME	PARTYKA, LENARD
STREET ADDRESS	6630 NW 16TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/06/05-80010-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: _____ Date: 1/4/05 Daytime Phone #: 954-971-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR