2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2005 08:00 AM DOCUMENT # G92564 **Secretary of State** 1. Entity Name PACER ELECTRONICS OF FLORIDA, INC. Mailing Address Principal Place of Business 3301 SW 11TH AVE T LAUDERDALE FL 33315_ 3301 SW 11TH AVE FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #; etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 59-2448710 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWIATKOWSKI, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 6858 ARECA BLVD SARASOTA FL 34241-7106 Zip Code City 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) 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition | MILE D Delete TITLE Change U00000234554 SWIATKOWSKI, JOSEPH E. NAME NAME 02/18/05-80025-019 150.00 6858 ARECA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241-7106 CITY-ST-ZP ☐ Change ☐ Addition TITLE Delete TITLE SWIATKOWSKI, JOHN M. NAME NAME STREET ADDRESS 1555 APEX RD STRFET ADDRESS CITY - ST - ZIP SARASOTA FL CITY-ST-7P ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition THE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSTATION SUSTATI

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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