2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment

SIGNATURE:

May 10, 2004 8:00 am Secretary of State DOCUMENT # K15234 1. Entity Name 05-10-2004 90451 025 ***150.00 PALM ELECTRONICS MANUFACTURING CORP. Principal Place of Business Mailing Address 16115 N.W. 52ND AVENUE 16115 N.W. 52ND AVENUE 2000 MIAMI FL 33014 MIAMI FL 33014 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0050230 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T-CORPORATION-SYSTEM~ Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Redistered Agent signature reduited when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 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. **VSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLANDERS, HOWARD L. NAME STREET ADDRESS 16115 N.W. 52ND AVENUE STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP DC TITLE Delete TITLE ☐ Change ☐ Addition PAUL GOLDBERG NAME NAME 16115 NW 52ND AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition BRUCE M GOLDBERG NAME NAME STREET ADDRESS 230 DEVCON DRIVE STREET ADDRESS SAN JOSE CA 95112 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition RICK GORDON NAME NAME 230 DEVCON DRIVE STREET ADDRESS STREET ADDRESS SAN JOSE CA CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

empowered.

ME OF SIGNING OFFICER OR DIRECTOR

FILED