


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
07 JUN -6 PM 4: 22
DEPARTMENT OF STATE
66017667 E, FLORIDA

DOCUMENT # M09786

1. Entity Name
CBS ELECTRONICS, INC.



Principal Place of Business PO BOX 600157 N MIAMI BEACH FL 33160 US	Mailing Address PO BOX 600157 N MIAMI BEACH FL 33160 US
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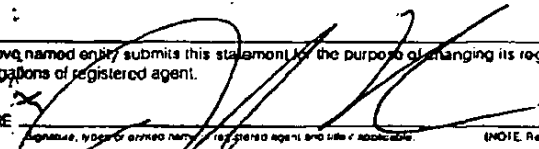
05/09/07 90093030 \$150.00

1st MOORE CR2E034 (10/00)

2. Principal Place of Business - No P.O. Box # 3150 Pembroke Road Suite, Apt. #, etc. UNIT 642		3. Mailing Address P.O. Box 600157 Suite, Apt. #, etc.	
City & State HALLANDALE FL		City & State N. Miami Beach, FL	
Zip 33009	Country USA	Zip 33160	Country US

4. FEI Number 59-2502990	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

Signature: 

7. Name and Address of New Registered Agent

Name: **K. KEARN**

City & State (P.O. Box Number is Not Acceptable): **3150 Pembroke Rd UNIT 642 HALLANDALE FL 33009**

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: _____

(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KEARN, KEVIN <input type="checkbox"/> Delete PO BOX 600157 N MIAMI BEACH FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowers.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR