


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M09786**  
 1. Entity Name  
**CBS ELECTRONICS, INC.**



Principal Place of Business      Mailing Address  
**3150 PEMBROKE ROAD**      **P.O. BOX 600157**  
**UNIT 642**      **N MIAMI BEACH, FL 33160**  
**HALLANDALE, FL 33009 US**

**DO NOT WRITE IN THIS SPACE**



04282008    No Chg-P    CR2E034 (11/05)

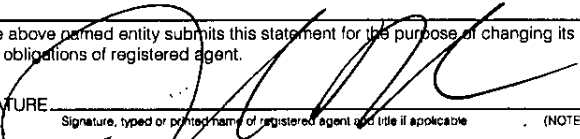
4. FEI Number      Applied For  
**59-2502990**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**KEARN, K.**  
**3150 PEMBROKE ROAD**  
**UNIT 642**  
**HALLANDALE, FL 33009**

**DO NOT WRITE 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.

SIGNATURE:  **K. KEARN.**      DATE: **9-5-08**

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, 2008 Fee will be \$550.00**

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

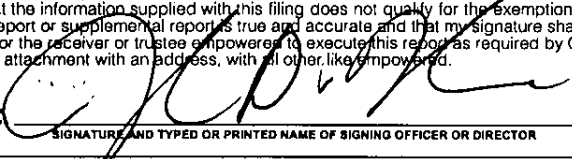
10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KEARN, KEVIN
STREET ADDRESS	PO BOX 600157
CITY-ST-ZIP	N MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000944430  
 05/29/08-80103-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: **07/30/08**      Daytime Phone #: **954-963-9309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR