


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90251 006 \*\*\*158.75

**DOCUMENT # P01000049570**

1. Entity Name  
**ACTUATOR DEVICE CORPORATION**



Principal Place of Business  
2603 N W 17 LANE  
POMPANO BEACH FL 33064  
US

Mailing Address  
2603 N W 17 LANE  
POMPANO BEACH FL 33064  
US

**55038364**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Zip Country

4. FEI Number **65-1105249**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VOLK, VALERIE M**  
2603 N W 17 LANE  
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHENBERG, IRA</b>	
STREET ADDRESS	<b>2601 N W 17 LANE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS	<i>[Signature]</i>	
CITY-ST-ZIP	<i>[Signature]</i>	
TITLE	<i>T-Valerie Volk</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Valerie Volk</i>	
STREET ADDRESS	<i>2601 N.W. 17th Lane, Pompano Beach, FL 33064</i>	
CITY-ST-ZIP	<i>FL 33064</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: *Valerie Volk* **RECEIVED** *4/4/03* *954 971 7474*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #