2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 06, 2005 08:00 AM Secretary of State DOCUMENT # P02000006670 1. Entity Name KSM ELECTRONICS_FAR EAST, INC. ____ Mailing Address Principal Place of Business 6630 NW 16TH TERRACE 6630 NW 16TH TERRACE FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 04-3602111 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EISENBERG, STEVEN E DO NOT WRITE 3109 STIRLING RD #101 FT LAUDERDALE, FL 33312 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PΩ BENJAMIN, STEPHEN NAME Un0000172725 6630 NW 16TH TERRANCE STREET ADDRESS 01/06/05-80010-010 150.00 CITY-ST-ZIP FT LAUDERDALE, FL 33309 SD TITLE ZUCKER, MEL NAME STREET ADDRESS 6630 NW 16TH TERRANCE CITY-ST-ZIP FT LAUDERDALE, FL 33309 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME 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 cacurate 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR SIRECTOR