

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P02000092831**

1. Entity Name  
**ADVANCED QUALITY HEARING SYSTEMS INC.**



Principal Place of Business

2900 W. SAMPLE RD.  
0127  
POMPANO BEACH, FL 33073

Mailing Address

2900 W. SAMPLE RD.  
0127  
POMPANO BEACH, FL 33073

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**



07072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0129614**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FREIA, KENNETH  
6986 PALMETTO CIR. SOUTH, APT 617  
BOCA RATON, FL 33433

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREIA, KENNETH
STREET ADDRESS	6986 PALMETTO CIR. SOUTH, APT 617
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	
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07/15/05-80001-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #