


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -8 AM 11:23

DOCUMENT # P04000117381	
1. Entity Name VOXX CORPORATION	

Principal Place of Business 11900 BISCAYNE BLVD STE 700 MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD STE 700 MIAMI, FL 33181
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03042005 Chg-P CR2E034 (10/03)

4. FEI Number 41-2147113	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAMBONE, DEBORAH ESQ. 11900 BISCAYNE BLVD STE 700 MIAMI, FL 33181		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 _____ (NOTE: Registered Agent signature required when reinstating)

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO DEPALANTINO, NORMAN 11900 BISCAYNE BLVD STE 700 MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO Van Vranken, Ken 11900 Biscayne Blvd. Ste 700 Miami, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD KAMINSKY, ILENE 11900 BISCAYNE BLVD STE 700 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO C Kaminsky, Ilene 11900 Biscayne Blvd. Ste 700 Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GAMBONE, DEBORAH 11900 BISCAYNE BLVD STE 700 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300048445743 03/15/05--01064--024 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCIO ROY, SNEHARTHI 11900 BISCAYNE BLVD STE 700 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CIO Roy, Sneharthi 11900 Biscayne Blvd. Ste 700 Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SROUR, DAVID 11900 BISCAYNE BLVD STE 700 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D Srour, David 11900 Biscayne Blvd. Ste 700 Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO GREENMAN, IRVING 11900 BISCAYNE BLVD, #700 MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO Shrinivas, Mahalingam 11900 Biscayne Blvd. Ste 700 Miami, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Deborah Gambone **Deborah Gambone, Secretary** 3/7/05 305 503-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #