

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000117381

Entity Name: VOXX CORPORATION

FILED  
Aug 05, 2005  
Secretary of State

## Current Principal Place of Business:

11900 BISCAYNE BLVD STE 700  
MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

11900 BISCAYNE BLVD STE 700  
MIAMI, FL 33181

## New Mailing Address:

FEI Number: 41-2147113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMBONE, DEBORAH ESQ.  
11900 BISCAYNE BLVD STE 700  
MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CPP ( ) Delete  
Name: VAN VRANKEN, KEN  
Address: 11900 BISCAYNE BLVD, STE 700  
City-St-Zip: MIAMI, FL 33181

Title: CEOC ( ) Delete  
Name: KAMINSKY, ILENE  
Address: 11900 BISCAYNE BLVD STE 700  
City-St-Zip: MIAMI, FL 33181

Title: S ( ) Delete  
Name: GAMBONE, DEBORAH  
Address: 11900 BISCAYNE BLVD STE 700  
City-St-Zip: MIAMI, FL 33181

Title: CIO (X) Delete  
Name: ROY, SNEHARTHI  
Address: 11900 BISCAYNE BLVD STE 700  
City-St-Zip: MIAMI, FL 33181

Title: PD (X) Delete  
Name: SROUR, DAVID  
Address: 11900 BISCAYNE BLVD STE 700  
City-St-Zip: MIAMI, FL 33181

Title: CFO (X) Delete  
Name: SHRINIVAS, MAHALINGAM  
Address: 11900 BISCAYNE BLVD, STE 700  
City-St-Zip: MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GREENMAN, IRVING  
Address: 11900 BISCAYNE BLVD, STE 700  
City-St-Zip: MIAMI, FL 33181

Title: CFOD (X) Change ( ) Addition  
Name: SHRINIVAS, MAHALINGAM  
Address: 11900 BISCAYNE BLVD STE 700  
City-St-Zip: MIAMI, FL 33181

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH GAMBONE

S

08/05/2005

Electronic Signature of Signing Officer or Director

Date