


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90177 047 ***150.00

DOCUMENT # P05000082317

1. Entity Name
AUGEN ELECTRONICS CORP.



Principal Place of Business Mailing Address

2301 S. OCEAN DRIVE 2301 S. OCEAN DRIVE
 2505 2505
 HOLLYWOOD, FL 33019 US HOLLYWOOD, FL 33019 US

40080456

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

230 N. Dixie Hwy *230 N. Dixie Hwy*

Suite, Apt. #, etc. Suite, Apt. #, etc.
Bay # 23 *Bay # 23*

City & State City & State
HOLLYWOOD, FLORIDA *HOLLYWOOD, FLORIDA*

Zip Country Zip Country
33020 *USA* *33020* *USA*



04122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-2846473 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GOFMAN, DANIEL L
 2301 S. OCEAN DRIVE
 2505
 HOLLYWOOD, FL 33019

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOFMAN, DANIEL L 2301 S. OCEAN DRIVE STE.2606 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PRESIDENT</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOFMAN, GARY 1135 LIDFLOWER STREET HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINIK, IYAR 1146 LAVENDER CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>VICE PRES, SECRETARY-TREAS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINIK, ZEEV 1146 LAVENDER CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **DANIEL GOFMAN** *04/23/07* *9549294446*

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