

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90014 003 ***550.00

DOCUMENT # P15231

1. Entity Name
ALL AMERICAN SEMICONDUCTOR, INC.



Principal Place of Business
**16115 NW 52ND AVE.
MIAMI, FL 33014 US**

Mailing Address
**16115 NW 52 AVE.
MIAMI, FL 33014 US**

50058598



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2814714

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOLDBERG, PAUL
16115 NW 52ND AVE.
MIAMI, FL 33014**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete
NAME GOLDBERG, PAUL
STREET ADDRESS 16115 NW 52ND AVE.
CITY-ST-ZIP MIAMI, FL

TITLE VDST ☐ Delete
NAME FLANDERS, HOWARD L. (AS,CFO)
STREET ADDRESS 16115 NW 52ND AVE
CITY-ST-ZIP MIAMI, FL

TITLE PD ☐ Delete
NAME GOLDBERG, BRUCE M.
STREET ADDRESS 230 DEVCON DRIVE
CITY-ST-ZIP SAN JOSE, CA 95112

TITLE VD ☐ Delete
NAME GORDON, RICK
STREET ADDRESS 230 DEVCON DRIVE
CITY-ST-ZIP SAN JOSE, CA 95112

TITLE D ☒ Delete
NAME SIEGEL, RICHARD E
STREET ADDRESS 10 LONG SPUR STREET
CITY-ST-ZIP PORTOLA VALLEY, CA 94028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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 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: *Howard L. Flanders*

Howard L. Flanders 7/21/05 (305) 606-4149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #