

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90012 001 ***300.00

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01052005 Chg-P CR2E034 (10/03)

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|---|--|--|--|---|--|
| DOCUMENT # P29230 1. Entity Name NU HORIZONS ELECTRONICS CORP. | | | | | |
| Principal Place of Business NU HORIZONS ELECT. CORP. 3421 NW 55TH ST FORT LAUDERDALE, FL 33309 | | | Mailing Address NU HORIZONS ELECT. CORP. 70 MAXESS ROAD MELVILLE, NY 11747 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 11-2621097 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$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 | C LUBMAN, IRVING <input checked="" type="checkbox"/> Delete 329 PEPPRIDGE ROAD HEWLETT HARBOR, NY | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dominic Polimeni Gulf Stream Financial 1600 Congress Ave - Suite 200 Boca Raton FL 33487 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete NADATA, ARTHUR 25 NORTHCOTE DR. MELVILLE, NY | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Martin Naleck 65 Wildwood Drive Laurel Hollow, NY 11791 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete DURANDO, PAUL 31 MARLIN LANE PORT WASHINGTON, NY 10050 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD <input type="checkbox"/> Delete SCHUSTER, RICHARD S. 11 CLEARMEADOW COURT WOODBURY, NY | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete GARDNER, HERBERT M. 4 DARLEY ROAD GREAT NECK, NY | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SIEGAL, DAVID 2131 NEWBRIDGE ROAD BELLMORE, NY 11710 | | 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | President 1-605 (631-396-5222) <small>Date Daytime Phone #</small> | | |