

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2007 90040 023 ***150.00

DOCUMENT # P92000014071

1. Entity Name
D J SOUND ELECTRONICS, INC.



Principal Place of Business Mailing Address

5001-NW-72-AVE **5001-NW-72-AVE**
MIAMI, FL 33165 US **MIAMI, FL 33165 US**

60006634

2. Principal Place of Business 3. Mailing Address

2601 B N W 104TH CT Suite, Apt. #, etc.
MIAMI FL 33172



01162007 Chg-P CR2E034 (12/06)

2601 B N W 104TH CT
MIAMI FL 33172

Zip Country Zip Country

4. FEI Number Applied For

65-0377048 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	
BENDAVID, MIKE 5001 NW 72 AVE MIAMI, FL 33166		Name 2601 B N W 104TH CT MIAMI FL 33172 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD BENDAVID, MIKE 5001-NW-72-AVE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET A CITY-ST-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 B N W 104TH CT MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BITTON, AHARON 5001-NW-72-AVE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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 lines empowered.

SIGNATURE:  **01/23/07 (305) 477-1147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **#227**