2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # P930000380031 1. Entity Name 03-22-2006 90025 046 ***150.00 PROFAB ELECTRONICS, INC. Principal Place of Business Mailing Address 3860 N POWERLINE ROAD 3860 N POWERLINE ROAD POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0412400 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAMUELS, JÓNATHAN Street Address (P.O. Box Number is Not Acceptable) 3860 N POWERLINE RD SUITE 200 POMPANO BEACH FL 33073 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign-Financing -\$5:00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. MGR Change ☐ Addition TITLE Delete TITLE LEUY, MARK 3860 N. POWERLINE RD. SUITE 200 LEVY, MARK NAME NAME STREET ADDRESS 22560 ESPLANDA CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** POMPANO BEACH FL. 33073 TITLE Delete SAMUELS, JONATHAN NAME SAMUELS, JONATHAN NAME 3860 N. PONERLINE RD. SUITE 200 STREET ADDRESS STREET ADDRESS 10145 BROOKVILLE LANE CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP POMPANO BEACH FL. 33093 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

FILED