2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 08:00 AM **DOCUMENT # P94000001864 Secretary of State** 1. Entity Name INFINITY ELECTRONICS, INC. Mailing Address Principal Place of Business 10600 NW 29TH TERRACE 10600 NW 29TH TERRACE MIAMI, FL 33172 US MIAMI, FL 33172 US No Chg-P CR2E034 (11/05) 01032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0460658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHNEIDER, PAUL F DO NOT WRITE 7860 PETERS RD F710 IN THIS SPACE PLANTATION, FL 33324 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DVP TITLE NAME BERDUGO, DAVID STREET ADDRESS **7294 NW 122ND AVENUE** CITY-ST-ZIP PARKLAND, FL 33076 U000000597182 DΡ TITLE 01/24/07-80026-022 150.00 ZENDERMAN, ENRIQUE NAME STREET ADDRESS 7421 BEACHVIEW DRIVE CITY-ST-ZIP N BAY VILLAGE, FL 33141 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 appdays, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

18.07 305

305.5130043

Daytime Phone #

FILED