2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P9600001702 1. Entity Name 04-12-2005 90122 022 ***150.00 R F DEVICES, INC. Mailing Address Principal Place of Business 1300 COCONUT RD BOCA RATON FL 33432 1300 COCONUT RD BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address 100 S. EMIZNER BLVD. TOOS. E. MIZNER BLUB Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 206A 206A City & State City & State Applied For 4. FEI Number 65-0640860 BOCABATON FL BOCA PATON Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33432 US Fee Required = -6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGEL LEE/S ENGEL, LEE S 500 S.E. MIZNER BLYD 1300 COCONUT RD **BOCA RATON FL 33432** BOCARATON, FL 33432 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. . Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change TITE ☐ Detete Addition ENGEL, BEA NAME NAME JOO S. E. MIZNER BLUD, APT. 206.A 1300 COCONÚT RD STREET ADDRESS STREET ADDRESS BOCA RATÓN FL 33432 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete TITLE Change ☐ Addition TITLE ENGEL, JEFFREY NAME NAME 2391 ROCKLEDGE DRIVE STREET ADDRESS STREET ADDRESS RÔCKLEDGE FL 32955 CITY-ST-ZIP> CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition NAME EÑGEL, LEE S NAME. VOOJ. ETHIZNER BLUD-APT. 206A STEWET ADDRESS 1300 COCONUT ROAD STREET ADDRESS BOCA RATONEL 33432 cfiy-st-zip CITY-ST-ZIP BOCA RATON FL 3343Z TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP `CITY=ST-ZIP TITLE THE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I heroby 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.

FILED