
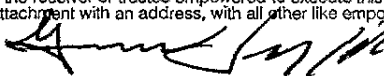


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # V09526</b><br>1. Entity Name<br><b>PULSE TRONIC CONNECTORS, INC.</b>   |  |    |
| Principal Place of Business<br><b>113 NW 43 STREET<br/>BOCA RATON, FL 33431 US</b>   |  | Mailing Address<br><b>113 NW 43 STREET<br/>BOCA RATON, FL 33431 US</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BRODSKY, JACK<br/>300 71ST STREET<br/>SUITE 525<br/>MIAMI BEACH, FL 33141</b>  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>LENGYEL, GEORGE<br>11102 BLUE CORAL DR<br>BOCA RATON, FL |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 address, with all other like empowered. |  |   |
| SIGNATURE:  <b>GEORGE LENGYEL</b> 2/5/06 561-347-8355<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0308303**

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U000000426017  
02/20/06-80026-014 150.00

**DO NOT WRITE  
IN THIS SPACE**