## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 23, 2007 08:00 AN DOCUMENT # V56450 Secretary of State 1. Entity Name H & J ELECTRONICS INTERNATIONAL, INC. Principal Place of Business Mailing Address **5233 POWERLINE ROAD 5233 POWERLINE ROAD** FT. LAUDERDALE, FL 33309 US FT. LAUDERDALE, FL 33309 US 02052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0349419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAPIRO, MICHAEL DO NOT WRITE **5233 POWERLINE ROAD** FT. LAUDERDALE, FL 33309 IN THIS SPACE 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 familtiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulared when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHAPIRO, MICHAEL NAME STREET ADDRESS **5233 POWERLINE ROAD** CITY-ST-ZIP FT. LAUDERDALE, FL 33309 TITLE NAME U000000645479 STREET ADDRESS 03/05/07-80008-023 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PROVIED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #