

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90316 050 ***150.00

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1. Entity Name

HIGH-FIDELITY SYSTEMS, INC.

Principal Place of Business

69 BAYWOOD DRIVE
SAFETY HARBOR FL 34695

Mailing Address

69 BAYWOOD DRIVE
SAFETY HARBOR FL 34695



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

06-1717605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIANI, JOE
69 BAYWOOD DRIVE
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MIANI, JOE	
STREET ADDRESS	69 BAYWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	☐ Delete
NAME	MIANI, JOE	
STREET ADDRESS	69 BAYWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	☐ Delete
NAME	MIANI, JOE	
STREET ADDRESS	69 BAYWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	☐ Delete
NAME	MIANI, JOE	
STREET ADDRESS	69 BAYWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	HIGH FIDELITY SYSTEMS, INC.	
STREET ADDRESS	955 MLK Drive East, Suite E	
CITY-ST-ZIP	Tarpon Spings, Florida 34689	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #