2005 FOR PROFIT CORPORATION

Apr 08, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-08-2005 90274 001 ***300.00 DOCUMENT # P99000053088 CCTV OUTLET, CORP. 66009209 Principal Place of Business Mailing Address 1374 N.W. 22ND AVE. 1374 N.W. 22ND AVE. MIAMI, FL 33125 MIAMI, FL 33125 CR2E034 (10/03) 01072005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0936166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIMENTEL, JOSE A DO NOT WRITE 1374 N.W. 22ND AVE. MIAMI, FL 33125 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 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PIMENTEL, JOSE A NAME STREET ADDRESS 1374 N.W. 22ND AVE. MIAMI, FL 33125 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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 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 attachme with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

305-635-7060

FILED