

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 022 ***158.75

DOCUMENT # F84715

1. Entity Name

THE SATELLITE AND SOUND CONNECTION, INC.



Principal Place of Business

12500 GRIFFING BLVD
NORTH MIAMI FL 33161
US

Mailing Address

12500 GRIFFING BLVD
NORTH MIAMI FL 33161
US

2. Principal Place of Business

2950 NE 201 TER

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

AVENTURA FL

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KAY, AVERY A.
12500 GRIFFING BLVD.
NORTH MIAMI FL 33161

2950 NE 201 TER (APT 214)
AVENTURA FL 33180

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)

3/1/05
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
NAME KAY, AVERY A.
STREET ADDRESS 12500 GRIFFING BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE VST
NAME KAY, LINA
STREET ADDRESS 12500 GRIFFING BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05 305-936-9526
Date Daytime Phone #