

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J45834
 1. Entity Name
AUDIO CENTER, INC.



Principal Place of Business Mailing Address
120 NORTH FEDERAL HWY. **120 NORTH FEDERAL HWY.**
DEERFIELD BEACH, FL 33441 **DEERFIELD BEACH, FL 33441**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0002269 Not Applicable

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

6. Name and Address of Current Registered Agent

HOROWITZ, HOWARD M.
1184 SW 24TH AVE.
BOYNTON BEACH, FL 33426

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

01/17/06-80038-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	HOROWITZ, HOWARD M.
STREET ADDRESS	1184 SW 24TH AVE.
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	DVS
NAME	HOROWITZ, CAROLE
STREET ADDRESS	1184 SW 24TH AVE.
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Carole A Horowitz* **CAROLE A Horowitz** *1/1/06* **954 574-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #