2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # L07055

1. Entity Name COCONUT GROVE VIDEO, INC.



Principal Place of Business

2201 S. OCEAN DR. APT. 1703-BLDG 1

PERETS, MARC

HOLLYWOOD, FL 33019

Mailing Address

2201 S. OCEAN DR. APT. 1703-BLDG 1

HOLLYWOOD, FL 33019 US

FILED Apr 03, 2008 08:00 Al **Secretary of State**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0135667

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

2201 S. OCEAN DR. APT. 1703-BLDG. 1 HOLLYWOOD, FL 33019			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) DATE							
File Now!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	U000008 04/15/08-8	79660 0029-011 150.00]
10. OFFICERS AND DIRECTORS				THE CHARLES OF THE	56553607K60.20		S 1650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERETS, MARC 2201 S. OCEAN DR. APT. 1703-BLDC HOLLYWOOD, FL 33019	3, 1					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI	7. 1864 Ph. 2014년 1 (1814년)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,						
TITLE NAME STREET ADDRESS							

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-927-6001

Daytime Phone #