2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 8:00 am DOCUMENT # M61561 **Secretary of State** 1. Entity Name 02-21-2005 90082 028 ***158.75 A & V MARKETING GROUP, INC. Principal Place of Business Mailing Address 9660 W SAMPEL RD 9660 W SAMPEL RD # 104 CORAL SPRINGS FL 33065 # 104 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0016327 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBERTS, MARVIN C. Street Address (P.O. Box Number is Not Acceptable) 9822 NW 18TH ST CORAL SPRINGS FL 33071 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PS Celete TITLE P-5-T-D Change Addition MICHAL NAME ALBERTS, MARVIN C. NAME N.W. 36TH AUE. 9822 NW 18TH ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-7IP VT Addition TITLE Delete TITLE ALBERTS, MICHAEL NAME 3 EPTS NAME 12030 N W 50TH DRIVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP 07(THTLE - Detete -TITLE --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP

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:

FILED

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