2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

FILED May 02, 2006 8:00 am Secretary of State

3.8-06

DOCUMENT # M98721 1. Entity Name ACTION VIDEO CLUB, INC.							}	05-02-2006	90200 00	8 ***150	0.00
Principal Place of Business 3733 W. FLAGLER ST. MIAMI, FL 33134				Mailing Address 3733 W. FLAGLER ST. MIAMI, FL 33134						2.2.1.2 210 14 214	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #. etc.			02092006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State		4. FEI Numb 65-010				oplied For of Applicable	
Zip	Country			Zip Cour		try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Cur	ent Regis	tered Agent		ļ <u>, </u>	7. Name and	Address of New R	egistered A	jent	
IDANEZ I	COLIC					Name					
IBANEZ, JESUS 3733 W. FLAGLER ST. MIAMI, FL 33134						Street Address (P.O. Box Number is Not Acceptable)					
vi yi Sila						City			FL	Zip Code	é
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.											and accept
SIGNATURE											
	Signature, typeo	or primed harre or registered.	agent and tine	if applicable (NOI	E Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to											
10,		OFFICERS A	ND DIREC	CTORS	11.		ADDITIONS	L /CHANGES TO OFFI	ICEBS AND I	DIBECTOR!	S IN 11
TITLE	PD			☐ Delete	TITU		7.001110110	0178102070011		☐ Change	Addition
NAME	IBANEZ, JESUS			_ bolote	E				Orkange	L.J Addition	
STREET ADDRESS					ET ADORESS						
CITY-ST-ZIP	MIAMI, FL 33134					-ST-ZIP					
TITLE				☐ Delete	TITL					☐ Change	Addition
NAMÉ				L Dotte	HAM	- 1				Ondrige	☐ Addition
STREET ADDRESS	ss			STRE		ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				☐ Delete	TITL					☐ Change	☐ Addition
NAME					MAM	E					_
STREET ADDRESS						ET ADDRESS					
CITY+ST-ZIP					CITY	-ST-ZIP					
TITLE				Delete	TAL					☐ Change	☐ Addition
NAME					NAM						
STREET ADDRESS						ET ADDRESS					
City-ST-ZIP					CITY	-ST-ZIP	····				
TITLE				☐ Delete	TITLI	l l				☐ Change	Addition
NAME STREET ADDRESS					NAM	ET ADDRESS					
CITY-ST-ZIP						-SI-ZIP					
TITLE				☐ Defete	TITL						
NAME				L. Delete	NAM	1				Change	☐ Addition
STREET ADDRESS					Li Li	ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
12. Thereby o	ertify that th	e information supplied	with this f	iling does not quality for			d in Chapter 119	9, Florida Statutes 1	further certif	v that the in	nformation
12. I hereby certify that the information supplied with this filling 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 of the receiver or fusies ampowered 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.											