

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90019 044 ***150.00

DOCUMENT # P00000055667

1. Entity Name

PROAD VISUAL COMMUNICATIONS, INC.



Principal Place of Business

188 N FEDERAL HWY
DEERFIELD BEACH FL 33441

Mailing Address

188 N FEDERAL HWY
DEERFIELD BEACH FL 33441

34038907



MOORE CR2E034 (11/03)

2. Principal Place of Business

5117 N DIXIE HWY

3. Mailing Address

5117 N DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number

65-1016397

Applied For

Not Applicable

Zip

33064

Country

BROW

Zip

33064

Country

BROW

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Paulo Rodrigues

Street Address (P.O. Box Number is Not Acceptable)

5117 N DIXIE HWY

City

Deerfield Beach

FL

Zip Code

33064

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

Paulo Rodrigues Paulo Rodrigues

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 VP ☒ Delete
NAME MAIA, JOAO
STREET ADDRESS 1458 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE PT ☐ Delete
NAME RODRIGUES, PAULO
STREET ADDRESS 188 N FEDERAL HIGHWAY 5117 N DIXIE HWY
CITY-ST-ZIP DEERFIELD BEACH FL 33441 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Paulo Rodrigues Paulo Rodrigues

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

954-698-1009

Daytime Phone #