2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # P00000088809** 1. Entity Name 04-18-2008 90032 019 ***150.00 AUDIO VIDEO COMMUNICATION STORE, INC. Principal Place of Business Mailing Address 7640 NW 25 STREET UNIT 116 7640 NW 25 STREET UNIT 116 MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business - No P.O. Box # Mailing Address 7500 NW 254n. Street 7500 NW 25-41 Street Suite, Apt. #, etc., Unit #1 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For Miami, Florida 65-1056957 Florida Miami. Not Applicable Country Zip 33/22 Country USA \$8.75 Additional 5. Certificate of Status Desired *3312*2 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FENTE, MANUEL F ESQ Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF MANUEL F. FENTE, P.A. 1110 BRICKELL AVENUE 7TH FLOOR **MIAMI FL 33131** Zio 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 Signature, typed or printed name of registered agent and alle if amplicacio. (NOTE: Registered Agent eignature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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 ☐ Delete TITLE HERNANDEZ, ARNALDO JR NAME NAME 7500 NW 25th Street Unit #1 7640 NW-26 STREET UNIT 116-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33122 CITY-ST-ZIP Miami, FL 33122 TITLE Delete TITLE Change ☐ Addition HERNANDEZ, ARNALDO SR 7500 NW 25th Street Unit #1 STREET ADDRESS 7640 NW 25 STREET UNIT 116 STREET ADDRESS Miami, FL, 33122. CITY-ST-ZIP **MIAMI FL 33122** CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition 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 ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 appeddiess, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Care

Daytimo Phone #