


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90069 001 ***150.00

DOCUMENT # P01000020542	
1. Entity Name SOUND & VIDEO DESIGNER BY A. PINO INC.	

Principal Place of Business 1600 S. LEJEUNE RD, #9 CORAL GABLES, FL 33134	Mailing Address 1600 S. LEJEUNE RD, #9 CORAL GABLES, FL 33134
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40005000



2. Principal Place of Business 1600 S LEJEUNE RD	3. Mailing Address 1600 S LEJEUNE RD
Suite, Apt. #, etc. #6	Suite, Apt. #, etc. #6
City & State CORAL GABLES	City & State CORAL GABLES
Zip 33134	Country USA

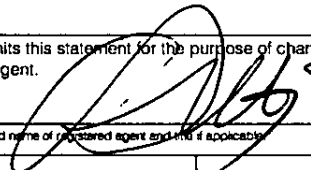
01262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1078826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PINO, ANTONIO E 102 MENORES AVE APTO: 5 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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← older ADD.

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  IF APPL. ?
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, ANTONIO E 1600 S. LEJEUNE RD, #9 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PINO, ANTONIO E 1600 S. LEJEUNE RD, #6 CORAL GABLES, FL, 33134.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Director
Signature and typed or printed name of signing officer or director Date Daytime Phone #

1-26-05 (786) 2088358