


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90043 041 ***150.00

DOCUMENT # P02000003445	
1. Entity Name M.P.S. LIGHT & SOUND, INCORPORATED	

Principal Place of Business 1305 POINSETTIA DR. STE. F-1 BOYNTON BEACH, FL 33444	Mailing Address 605 HERON DR. BOYNTON BEACH, FL 33444
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2. Principal Place of Business - No P.O. Box # 1250 WALLACE DRIVE	3. Mailing Address
Suite, Apt. #, etc. H	Suite, Apt. #, etc.
City & State Delray Beach, FL	City & State
Zip 33444	Country USA

04292007 Chg-P CR2E034 (12/06)

4. FEI Number
60-0001480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
DIDOMENICO, JOHN M 605 HERON DRIVE BOYNTON BEACH, FL 33444	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIDOMENICO, JOHN M 605 HERON DRIVE BOYNTON BEACH, FL 33444 <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 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 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: John DiDomenico **4.30.07** **561 239 4634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #