2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

05-04-2005 90106 048 ***100.00
06-22-2005 90078 031 ****50.00

DOCUMENT # P02000006427

1. Entity Name
AV DIGITAL VIDEO SYSTEMS, INC.

Principal Place of Business	Mailing Address
1412 MADRID ST. CORAL GABLES, FL 33134	1412 MADRID ST. CORAL GABLES, FL 33134

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		7225 n.w. 12st.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: miami FL	
Zip	Country	Zip: 33126	Country: USA

4. FEI Number: 04-3589092 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORCATE, TOMAS D
13375 S.W. 57TH TERRACE #1
MIAMI, FL 33183-1263

7. Name and Address of New Registered Agent

Name: Angela Vera
Street Address (P.O. Box Number is Not Acceptable): 1412 madrid St
City: Coral gables FL Zip Code: 33134

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: Angela Vera [signature] 4/26/05
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	D VERA, REINALDO 1412 MADRID ST. CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VERA, ANGELA 1412 MADRID ST. CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/26/05 305 591 5699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #