


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-31-2005 90080 050 ***150.00

DOCUMENT # P02000043573

1. Entity Name
QUANTUM AUDIO VISUAL SOLUTIONS INC.



Principal Place of Business 2124 SW 82 PLACE MIAMI, FL 33155	Mailing Address 2124 SW 82 PLACE MIAMI, FL 33155
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2. Principal Place of Business 8511 SW 137 Ave Suite, Apt. #, etc.	3. Mailing Address 8511 SW 137 Ave Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL
Zip 33183	Country USA
Zip 33183	Country USA

6. Name and Address of Current Registered Agent

CAMPOS, GUILAM
 2124 SW 82 PLACE
 MIAMI, FL 33155



01112005 Chg-P CR2E034 (10/03)

4. FEI Number 01-0682209	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: **Soheil S Rezai**
 Street Address (P.O. Box Number is Not Acceptable):
8511 SW 137 Ave
 City: **Miami** FL Zip Code: **33183**

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]* DATE: **1/11/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 VS NAME CAMPOS, GUILAM STREET ADDRESS 2124 SW 82 PLACE CITY-ST-ZIP MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE VS NAME Rezai, Soheil S STREET ADDRESS 8511 SW 137 Ave CITY-ST-ZIP Miami, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PT NAME REZAI, SOHEIL S STREET ADDRESS PO BOX 330132 CITY-ST-ZIP MIAMI, FL 33233	<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
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

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]* DATE: **1/11/05 (305) 458-7945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR