

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000062207

1. Entity Name
VIDEO 2002, INC.Principal Place of Business
2331 WEST 52 STREET
HIALEAH, FL 33016Mailing Address
2331 WEST 52 STREET
HIALEAH, FL 33016

FILED

04 MAR 11 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

94005950



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
27-0015453Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACHADO, OLGA L
2331 WEST 52 STREET
HIALEAH, FL 33016DO NOT WRITE
IN THIS SPACE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Registered Agent 1/19/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees0003066888
03/17/04--01052--005 **150.00

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MACHADO, OLGA L	2331 WEST 52 STREET	HIALEAH, FL 33016

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

1/19/04 205 512 8877