

04/25/2006 13:03 407281025E

ACCOUNT I

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90245 018 ***150.00

DOCUMENT # P020000828851. Entity Name
MUSIC CAR AUDIOVISION, INC.Principal Place of Business
**575-A N SEMORAN BLVD
ORLANDO, FL 32807**Mailing Address
**575-A N SEMORAN BLVD
ORLANDO, FL 32807**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0416068Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRULLON, VICTOR
1402 CLARKS SUMMIT DR
ORLANDO, FL 32828**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 of person or persons authorized to file this report

NOTE: Registered Agent signature required when filing.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GRULLON, VICTOR	1402 CLARKS SUMMIT DR	ORLANDO, FL 32828				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 this corporation or the person authorized 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 a letter of empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #