

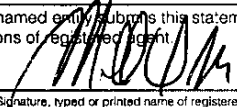



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90052 008 ***150.00

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # P02000114367 1. Entity Name AUDIO VIDEO AUTOMATION DESIGN GROUP INC. | | | |  | |
| Principal Place of Business 971 CRANDON BLVD SUITE 12 KEY BISCAVNE, FL 33149 | | | Mailing Address 971 CRANDON BLVD SUITE 12 KEY BISCAVNE, FL 33149 | | |
| 2. Principal Place of Business 929 CRANDON BLVD Suite, Apt. #, etc. SUITE 15 City & State KEY BISCAVNE, FL Zip 33149 Country USA | | 3. Mailing Address 929 CRANDON BLVD Suite, Apt. #, etc. SUITE 15 City & State KEY BISCAVNE, FL Zip 33149 Country USA | |  | |
| 04052005 Chg-P CR2E034 (10/03) | | | | 4. FEI Number 22-3890245 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent DEL CORRAL, MAURICIO 927 CRANDON BLVD 14 KEY BISCAVNE, FL 33149 | | | 7. Name and Address of New Registered Agent Name MAURICIO DEL CORRAL Street Address (P.O. Box Number is Not Acceptable) 929 CRANDON BLVD - SUITE 15 City KEY BISCAVNE, FL Zip Code 33149 | | |
| 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  | | MAURICIO DEL CORRAL - PRESIDENT | | 04/06/05 | |
| 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. <input type="checkbox"/> \$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 | P DEL CORRAL, MAURICIO 927 CRANDON BLVD KEY BISCAVNE, FL 33149 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAURICIO DEL CORRAL 929 CRANDON BLVD #15, KEY BISCAVNE, FL 33149 | <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:  | | MAURICIO DEL CORRAL - PRESIDENT | | 04/06/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |