2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114367

1. Entity Name
AUDIO VIDEO AUTOMATION DESIGN GROUP INC.

FILED
03 SEP 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1450 MADRUGA AVE 300 CORAL GABLE FL 33146	1450 MADRUGA AVE 300 CORAL GABLE FL 33146

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
927 CRANDON BLVD		927 CRANDON BLVD	
Suite, Apt. #, etc. SUITE 14		Suite, Apt. #, etc. SUITE 14	
City & State KEY BISCAYNE, FL		City & State KEY BISCAYNE, FL	
Zip 33149	Country USA	Zip 33149	Country USA

4. FEI Number 22 - 3890245 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~HABER, DENNIS R~~
1450 MADRUGA AVE
SUITE 300
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: MAURICIO DEL CORRAL
Street Address (P.O. Box Number is Not Acceptable): 927 CRANDON BLVD
SUITE 14
City: KEY BISCAYNE 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 [signature] 09/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEL CORRAL,, MAURICIO	NAME	
STREET ADDRESS	(1450 MADRUGA AVE SUITE 300) 927 CRANDON BLVD STE. 14	STREET ADDRESS	800022937618
CITY-ST-ZIP	(CORAL GABLES FL 33146) KEY BISCAYNE, FL 33149	CITY-ST-ZIP	09/10/03--01072--016 **550.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 address, with all other like empowered.

SIGNATURE: [signature] MAURICIO DEL CORRAL PRESIDENT 09/03/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date [illegible]