



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90024 028 ***150.00

DOCUMENT # P03000038309 1. Entity Name AUDIO VISUAL DESIGN STUDIOS, INC.					
Principal Place of Business 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134		
2. Principal Place of Business 4810 SW 72nd AVE Suite, Apt. #, etc.		3. Mailing Address 4810 SW 72nd AVE Suite, Apt. #, etc.			
City & State MIAMI - FL		City & State MIAMI, FL		4. FEI Number 14-1878879	
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name N Street Address (P.O. Box Number is Not Acceptable) 7570 NW 14th ST. Suite #112 City MIAMI FL Zip Code 33126		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 02/01/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	DPST OLIVEIRA, CHRISTIAN 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST OLIVEIRA, CHRISTIAN 4810 SW 72 nd AVE MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 02/01/05 <small>Date Daytime Phone #</small>		