

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000072545

1. Entity Name
PRO AUDIO VISUAL, INC



Principal Place of Business
**220 BELGIAN WAY
SANFORD, FL 32773**

Mailing Address
**220 BELGIAN WAY
SANFORD, FL 32773**



05242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1700163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, ARISTIDES
220 BELGIAN WAY
SANFORD, FL 32773**

**DO 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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, ARISTIDES
STREET ADDRESS	220 BELGIAN WZY
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	S
NAME	LOPEZ, GABY
STREET ADDRESS	220 BELGIAN WAY
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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06/05/06-80005-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #