2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 20, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P03000096745

1. Entity Name
C. & V. AUDIO SOUND, INC.

Principal Place of Business	Mailing Address
3291 W. SUNRISE BLVD., #FW-13 FT. LAUDERDALE, FL 33311	7717 SANIBEL DRIVE TAMARAC, FL 33321

04132005 REIN-P CR2E088 (8/04)

2. Principal Place of Business	3. Mailing Address
3291 W. SUNRISE BLVD #FW-13	321 E. SHERIDAN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT # 111
City & State FT LAUDERDALE, FL 33311	City & State DANIA BEACH, FL
Zip 33311	Country U.S
Zip 33004	Country U.S

4. FEI Number
EIN: 20-0186862 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, MERCEDES
7717 SANIBEL DRIVE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

NP Juan Diago
Street Address (P.O. Box Number is Not Acceptable)
321 E. Sheridan St., #
APT # 111
City Dania Beach FL Zip Code 33004

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 Juan Diago 04/13/05
Signature, typed or printed name of registered agent and title if corporate. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIAGO, JUAN 2491 OAK GARDEN LANE HOLLYWOOD, FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CRUZ, MERCEDES 7717 SANIBEL DRIVE TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000055670520 06/02/05--01062--002 **908.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORENO, ELVIS 8549 SW 18TH PLACE DAVIE, FL 33314	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Juan Diago 04/13/05 7542444239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIRECTOR OR DIRECTOR Date Daytime Phone #

Juan Norman Diago