

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

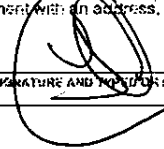
**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90036 049 \*\*\*150.00

40011802



01072005 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                                     |                                                                                                                                         |                                                                                   |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P04000019570</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                                                     |                                                                                                                                         |  |                                   |
| 1. Entity Name<br><b>ALEX VIDEO 27, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                     |                                                                                                                                         |                                                                                   |                                   |
| Principal Place of Business<br><b>15884 SW 137 AVE<br/>MIAMI, FL 33177</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                                                     | Mailing Address<br><b>15884 SW 137 AVE<br/>MIAMI, FL 33177</b>                                                                          |                                                                                   |                                   |
| 2. Principal Place of Business<br><b>15751 SW 139th STREET</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                                     | 3. Mailing Address<br><b>15751 SW 139th STREET</b><br>Suite, Apt. #, etc.                                                               |                                                                                   |                                   |
| City & State<br><b>MIAMI, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                                     | City & State<br><b>MIAMI-FLORIDA</b>                                                                                                    |                                                                                   |                                   |
| Zip<br><b>33196-6708</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | Country<br><b>USA</b>                                                               | Zip<br><b>33196-6708</b>                                                                                                                |                                                                                   | Country<br><b>USA</b>             |
| 4. FEI Number<br><b>51-0496870</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                     | \$8.75 Additional Fee Required                                                                                                          |                                                                                   |                                   |
| 6. Name and Address of Current Registered Agent<br><b>MONTANO, YOSBANI<br/>15884 SW 137 AVE<br/>MIAMI, FL 33177</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                   |                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relocating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                                                                                                                         |                                                                                   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 9. Election Campaign Financing<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                                                  | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MONTANO, YOSBANI</b>                            |                                                                                     | NAME                                                                                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del>15884 SW 137 AVE</del> <b>15751 SW 139 ST</b> |                                                                                     | STREET ADDRESS                                                                                                                          |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del>MIAMI, FL 33177</del> <b>MIAMI, FL 33196</b>  |                                                                                     | CITY-ST-ZIP                                                                                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                     | NAME                                                                                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                                                     | STREET ADDRESS                                                                                                                          |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                     | CITY-ST-ZIP                                                                                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                     | NAME                                                                                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                                                     | STREET ADDRESS                                                                                                                          |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                     | CITY-ST-ZIP                                                                                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                     | NAME                                                                                                                                    |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                                                     | STREET ADDRESS                                                                                                                          |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                     | CITY-ST-ZIP                                                                                                                             |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                                                   | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> 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 an address, with all other like empowered. |                                                    |                                                                                     |                                                                                                                                         |                                                                                   |                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | <b>YOSBANI MONTANO-PRESS</b>                                                        |                                                                                                                                         |                                                                                   |                                   |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | <b>JAN-8-2005 786-315-3659</b>                                                      |                                                                                                                                         |                                                                                   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | DATE                                                                                |                                                                                                                                         |                                                                                   |                                   |