


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90472 008 ***158.75

DOCUMENT # P04000030894	
1. Entity Name CREATIVE AUDIO VISUAL, INC.	

Principal Place of Business 4320 BAILEY ROAD NORTH LAUDERDALE, FL 33319 US	Mailing Address 4320 BAILEY ROAD NORTH LAUDERDALE, FL 33319 US
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2. Principal Place of Business 6555 NW 9th Avenue	3. Mailing Address 6555 NW 9th Avenue
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State FT LAUDERDALE, FL	City & State FT LAUDERDALE, FL
Zip 33309	Zip 33309
Country Broward	Country Broward



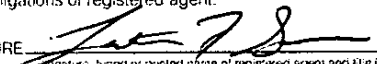
01132005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0747603	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCATES, LUTHER F 4320 BAILEY ROAD NORTH LAUDERDALE, FL 33319	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

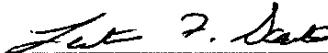
SIGNATURE  **President** DATE **4/5/05**

(Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when re-registering)

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
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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 SCATES, LUTHER F		NAME	
STREET ADDRESS 4320 BAILEY ROAD		STREET ADDRESS	
CITY-ST-ZIP NORTH LAUDERDALE, FL 33319		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:  **Luther F. Scates** DATE **2/1/05** DAYTIME PHONE **954-776-3737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR