

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-07-2005 90281 019 ***150.00

DOCUMENT # P04000035899 1. Entity Name VIDEO SYSTEMS OF FLORIDA INC.					
Principal Place of Business 6670 S.W. 54 LANE MIAMI, FL 33155				Mailing Address 6670 S.W. 54 LANE MIAMI, FL 33155	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66009381 	
City & State		City & State		02102005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEE Number 11-3142877 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DUKE, VAN TERRELL 6670 S.W. 54 LANE MIAMI, FL 33155	
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 _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P DUKE, VAN TERRELL 6670 S.W. 54 LANE MIAMI, FL 33155 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/2/05 Daytime Phone: 786-206-1500		