


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90004 043 \*\*\*150.00

<b>DOCUMENT # P04000129168</b> 1. Entity Name <b>ATLANTIC COAST AUDIO VIDEO INC.</b>					
Principal Place of Business <b>2501 MARINA BAY DRIVE WEST SUITE 305 FORT LAUDERDALE, FL 33312</b>			Mailing Address <b>2501 MARINA BAY DRIVE WEST SUITE 305 FORT LAUDERDALE, FL 33312</b>		
2. Principal Place of Business <b>5112 Aurora Lake Circle</b>		3. Mailing Address <b>5112 Aurora Lake Circle</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Greenacres, FL</b>		City & State <b>Greenacres, FL</b>		4. FEI Number <b>20-1617361</b>	
Zip <b>33463</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NESPOLI, GINA 2501 MARINA BAY DRIVE WEST SUITE 305 FORT LAUDERDALE, FL 33312</b>			7. Name and Address of New Registered Agent Name <b>Gina Nespoli</b> Street Address (P.O. Box Number is Not Acceptable) <b>5112 Aurora Lake Circle</b> City <b>Greenacres</b> <b>FL</b> Zip Code <b>33463</b>		
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 <u><i>G. Nespoli</i></u> DATE <u>8/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>NESPOLI, GINA</b> <input type="checkbox"/> Delete <b>2501 MARINA BAY DR. WEST, SUITE 305</b> <b>FT. LAUDERDALE, FL 33312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nespoli, Gina</b> <b>5112 Aurora Lake Circle</b> <b>Greenacres, FL 33463</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>G. Nespoli</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/1/05</u> Daytime Phone # <u>954-558-0521</u>		

ATTACHMENT

50059908

PO# 000129128

ATLANTIC COAST AUDIO VIDEO

5112 Aurora Lake Circle • Lakeworth, FL 33463  
Phone: (954)873-8878 • Fax (954)585-4632

8/1/2005

To whom it may concern:

My name is Gina Nespoli and I am the president of Atlantic Coast Audio Video. My company was formed in late 2004 and not until just recently did we become a corporation. Last month, I received my annual report in the mail and saw that it was due on September 7, 2005. I had no idea that this report was already past due and that a late fee was applied. I called and spoke to Michelle Milligan (not sure of correct spelling) on 7/29/05 to ask a question about my business address change when I first became aware that my report was late. She understood my situation and told me to type this letter and ask that you please waive the late fee. I have enclosed a check for \$150.00. Thank you for your understanding in this matter.

Sincerely,



Gina Nespoli  
President  
Atlantic Coast Audio Video