



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90060 016 ***150.00

DOCUMENT # P04000167347 1. Entity Name AMERICAN CCTV, INC.					
Principal Place of Business 11804 S.W. 54TH STREET COOPER CITY, FL 33330				Mailing Address 11804 S.W. 54TH STREET COOPER CITY, FL 33330	
2. Principal Place of Business 3399 NW 72 AVE		3. Mailing Address 3399 NW 72 AVE		 02042005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. 109		Suite, Apt. #, etc. 109			
City & State Miami FL		City & State Miami FL			
Zip 33122		Zip 33122			
Country U.S.A.		Country U.S.A.		4. FEI Number 20-2200890	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HA, JOSEPH J 11804 S.W. 54TH STREET COOPER CITY, FL 33330					
7. Name and Address of New Registered Agent Name Joseph J. Ha Street Address (P.O. Box Number is Not Acceptable) 3399 NW 72 Ave., Suite 109 City Miami State FL Zip Code 33122					
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>Joseph J. Ha, President</i></u> DATE 02-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS					
TITLE	President/Treasurer/Director <input type="checkbox"/> Delete Joseph J. Ha 11804 SW 54th Street Cooper City, FL 33330	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		NAME			
CITY-ST-ZIP		STREET ADDRESS			
		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: <u><i>Joseph J. Ha, President</i></u> DATE 02-15-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					