


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90015 043 \*\*\*150.00

<b>DOCUMENT # P05000028937</b> 1. Entity Name DIGITAL VIDEO COMMUNICATIONS INC					
Principal Place of Business 1601 NW 97TH AVE. LIM PB 714 N 02-5645 MIAMI, FL 33102-5645			Mailing Address 1601 NW 97TH AVE. LIM PB 714 N 02-5645 MIAMI, FL 33102-5645		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 56-2502598			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VALDERRAMA, ISABEL M 4732 W ATLANTIC BLVD 301 COCONUT CREEK, FL 33063			7. Name and Address of New Registered Agent Name <u>Valderrama Isabel M</u> Street Address (P.O. Box Number is Not Acceptable) <u>1601 NW 97TH AV. LIM PB 714</u> City <u>MIAMI</u> FL Zip Code <u>33102-5645</u>		
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>ISABEL VALDERRAMA</u> <u>Isabel</u> DATE <u>Mar 30 01/2006</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 \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDERRAMA, ISABEL M		NAME		
STREET ADDRESS	1601 NW 97TH AVE., LIM PB 714 N. 02-5645		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331025645		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARCELEN, MARCO		NAME		
STREET ADDRESS	1601 NW 97TH AVE., LIM PB 714 N. 02-5645		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331025645		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		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Isabel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>Mar 30 01/2006</u> Daytime Phone # <u>954-5565760</u>		