

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

06-07-2007 90004 002 \*\*\*150.00

<b>DOCUMENT # P05000028937</b> 1. Entity Name <b>DIGITAL VIDEO COMMUNICATIONS INC</b>			
Principal Place of Business <b>1601 NW 97TH AVE. LIM PB 714 N 02-5645 MIAMI, FL 33102-5645</b>		Mailing Address <b>1601 NW 97TH AVE. LIM PB 714 N 02-5645 MIAMI, FL 33102-5645</b>	
2. Principal Place of Business - No P.O. Box # <b>7979 N.W. 21ST.</b>		3. Mailing Address <b>7979 NW 21ST.</b>	
Suite, Apt. #, etc. <b>LIM 714</b>		Suite, Apt. #, etc. <b>LIM 714</b>	
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>	
Zip <b>33122</b>		Zip <b>33122</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-2502598</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VALDERRAMA, ISABEL M 1601 NW 97TH AV ELIMPB 714 301 MIAMI, FL 33102-5645</b>		7. Name and Address of New Registered Agent Name <b>Valderrama Isabel M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7979 N.W. 21ST. LIM 714</b> City <b>MIAMI</b> FL Zip Code <b>33122</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>Isabel Valderrama</u> (NOTE: Registered Agent signature required when re-registering) DATE <u>April, 13th 2007</u>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>VALDERRAMA, ISABEL M</b> <b>1601 NW 97TH AVE., LIM PB 714 N. 02-5645</b> <b>MIAMI, FL 331025645</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>Valderrama Isabel M.</b> <b>7979 N.W. 21ST. LIM 714</b> <b>MIAMI FL, 33122</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>CARCELEN, MARCO</b> <b>1601 NW 97TH AVE., LIM PB 714 N. 02-5645</b> <b>MIAMI, FL 331025645</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>Carcelen Marco</b> <b>7979 N.W. 21ST. LIM 714</b> <b>MIAMI FL, 33122</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
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.			
<b>SIGNATURE:</b> <u>Isabel Valderrama</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>April, 13th 2007</u> Date	
		<u>954-5565760</u> Daytime Phone #	