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FILED
Aug 16, 2006 8:00 am
Secretary of State

08-01-2006 90001 032 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000075635

1. Entity Name
AUDIO/VIDEO DESIGNS GROUP, INC.

Principal Place of Business
11111 SW 9TH PLACE
DAVIE, FL 33324

Mailing Address
11111 SW 9TH PLACE
DAVIE, FL 33324

07232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: SAME
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 84-1680497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBINOVITCH, ROMAN
11111 SW 9TH PLACE
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name: EVA PETREKANICS
Street Address (P.O. Box Number is Not Acceptable): 11111 SW 9th PL.
City: DAVIE FL Zip Code: 33324

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: [signature] DATE: 8/7/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. / EVA PETREKANICS / 11111 SW 9th PL. / DAVIE FL. 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO / Roman Rubinovitch / 11111 S.W 9th PLACE / DAVIE, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] EVA PETREKANICS July 22/06 954-473-8207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #