

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091671

Entity Name: FGTECH VIDEO, INC

FILED  
Mar 20, 2008  
Secretary of State

**Current Principal Place of Business:**

17913 NW 7TH STREET, SUITE 103  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

11214 PINES BLVD  
UNIT 217  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

17913 NW 7TH STREET, SUITE 103  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

11214 PINES BLVD  
UNIT 217  
PEMBROKE PINES, FL 33026

FEI Number: 26-0713084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARE, JONATHAN S  
500 SW 108 AVE  
APT 101  
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WARE, JONATHAN S  
Address: 500 SW 108TH ST, APT 101  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DV (X) Delete  
Name: HIDALGO, AUSBERTO B  
Address: 17913 NW 7TH STREET, SUITE 103  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WARE, JONATHAN S  
Address: 11214 PINES BLVD, UNIT 217  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN S. WARE, EMT, MD

DP

03/20/2008

Electronic Signature of Signing Officer or Director

Date