
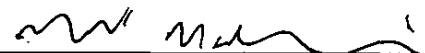


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90066 021 \*\*\*150.00

<b>DOCUMENT # P92000008878</b> 1. Entity Name <b>TRADE AUDIO VISUAL CORPORATION</b>																											
Principal Place of Business <b>4710 LE JUNE RD CORAL GABLES, FL 33146 US</b>		Mailing Address <b>4710 LE JUNE RD CORAL GABLES, FL 33146 US</b>																									
2. Principal Place of Business <b>7046 SW 46 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>7046 SW 46 ST</b> Suite, Apt. #, etc.																									
City & State <b>MIAMI, FL</b> Zip <b>33155</b> Country <b>USA</b>		City & State <b>MIAMI, FL</b> Zip <b>33155</b> Country <b>USA</b>																									
4. FEI Number <b>65-0378157</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>SHARIN, MICHAEL A 6431 SW 31 ST MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>SHARIN, MICHAEL A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6451 SW 31 STREET</b> City <b>MIAMI</b> FL Zip Code <b>33155</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 _____ DATE <b>3/23/05</b> <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, 2005 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																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHARIN, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6431 SW 31 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33155</td> <td></td> </tr> </table>		TITLE	DP	<input type="checkbox"/> Delete	NAME	SHARIN, MICHAEL		STREET ADDRESS	6431 SW 31 ST		CITY-ST-ZIP	MIAMI, FL 33155		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SHARIN, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6451 SW 31 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33155</td> <td></td> </tr> </table>		TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SHARIN, MICHAEL		STREET ADDRESS	6451 SW 31 STREET		CITY-ST-ZIP	MIAMI, FL 33155	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/23/05</b> Daytime Phone # <b>305 661-2005</b>																									