

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003723

FILED
May 02, 2005
Secretary of State

Entity Name: OCTAVO DESIGN & PRODUCTION, INC.

Current Principal Place of Business:

791 PLEDMONT WEKIWARD
APOPKA, FL 32703 US

New Principal Place of Business:

791 PIEDMONT WEKIWA RD
APOPKA, FL 32703 US

Current Mailing Address:

791 PIEDMONT-WEKIWA RD
APOPKA, FL 32714 US

New Mailing Address:

FEI Number: 59-3165398 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOLEY, FRANK M
319 NEEDLES TRAIL
LONGWOOD, FL 32779 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: PT () Delete
Name: SOLEY, FRANK M
Address: 319 NEEDLES TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: VS () Delete
Name: VELASQUEZ, ROBERT
Address: 638 SWEETWATER COVE BLVD S
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK SOLEY

PT

05/02/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date