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Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90015 028 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

40110223



DOCUMENT # P95000022272			
1. Entity Name AAA VIDEO ELECTRONICS, INC.			
Principal Place of Business 5260 NW 167 STREET MIAMI LAKES, FL 33014 US		Mailing Address 5260 NW 167 STREET MIAMI LAKES, FL 33014 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0568225		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMULEVICH, SAMMY 5260 NW 167 STREET MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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	PSTD SMULEVICH, DENIA 5260 NW 167 STREET MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SMULEVICH, SAMMY 5260 NW 167 STREET MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <u>SS</u> <u>7/8/2008</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>7/8/2008</u> Date	