

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000033100

1. Entity Name
KVL AUDIO VISUAL SERVICES OF FLORIDA, INC.



Principal Place of Business

KVL OFFICE AT THE AMELIA ISLAND PLANTATION
P.O. BOX 3000
AMELIA ISLAND, FL 32035

Mailing Address

466 SAW MILL RIVER ROAD
ARDSLEY, NY 10502



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0658651

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TORRETO, DEAN
2520 N ANDREWS EXT
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PCEO
LIEBERMAN, LES L
55 SEACORD ROAD
NEW ROCHELLE, NY 10804

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
LIEBERMAN, BARBARA
55 SEACORD ROAD
NEW ROCHELLE, NY 10804

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CFO
PRIGNANO, NICK
7 SUNNY HILL DRIVE
HARRISON, NY 10528

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000378451
01/09/06-80007-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-05 914-479-3328