


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2005 8:00 am
Secretary of State


06-03-2005 90396 001 ***450.00

DOCUMENT # P96000035623
1. Entity Name
VIDEO DEPOT, INC.



Principal Place of Business Mailing Address
5260 NW 167 STREET 5260 NW 167 STREET
MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014


DO NOT WRITE IN THIS SPACE

66021411

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0834721 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMULEVICH, SAMMY
5260 N W 167TH STREET
MIAMI LAKES, FL 33014

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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 04-19-05
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-naming)


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMULEVICH, SAMMY
STREET ADDRESS	5260 NW 167 STREET
CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  DATE 05/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #