
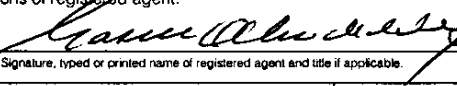



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90379 015 ***150.00

DOCUMENT # P98000049108 1. Entity Name AUDIO VIDEO GALLERY, INC.					
Principal Place of Business 927 CRANDON BLVD #14 KEY BISCAVNE, FL 33149			Mailing Address 927 CRANDON BLVD #14 KEY BISCAVNE, FL 33149		
2. Principal Place of Business 929 CRANDON BLVD		3. Mailing Address 929 CRANDON BLVD			
Suite, Apt. #, etc. # 15		Suite, Apt. #, etc. # 15			
City & State KEY BISCAVNE, FL		City & State KEY BISCAVNE, FL			
Zip 33149	Country USA	Zip 33149	Country USA		
6. Name and Address of Current Registered Agent DEL CORRAL, MAURICIO 927 CRANDON BLVD #14 KEY BISCAVNE, FL 33149			7. Name and Address of New Registered Agent Name CARMEN ALICIA DEL CORRAL Street Address (P.O. Box Number is Not Acceptable) 929 CRANDON BLVD # 15 City KEY BISCAVNE, FL Zip Code 33149		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		CARMEN ALICIA DEL CORRAL <small>(NOTE: Registered Agent signature required when reinstating)</small>		04/20/06 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL CORRAL, MAURICIO 927 CRANDON BLVD KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMEN ALICIA DEL CORRAL 929 CRANDON BLVD #15 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER NICOLAS DEL CORRAL 929 CRANDON BLVD #15 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		CARMEN ALICIA DEL CORRAL		305 361 1211	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	