

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089621

Entity Name: AVP MULTIMEDIA, INC.

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

18500 NE 5TH AVE.  
STE 3  
MIAMI, FL 33179

## Current Mailing Address:

18500 NE 5TH AVE  
SUITE 3  
MIAMI, FL 33179

## New Principal Place of Business:

13499 BISCAYNE BLVD.  
STE 211  
MIAMI, FL 33181

## New Mailing Address:

13499 BISCAYNE BLVD.  
SUITE 211  
MIAMI, FL 33181

FEI Number: 65-0870537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MINA, MARIAM S MRS  
13499 BISCAYNE BLVD.  
SUITE 1614  
NORTH MIAMI, FL 33181 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: PTD ( ) Delete  
Name: MINA, OSSAMA S  
Address: 733 NE 195 ST  
City-St-Zip: MIAMI, FL 33179

Title: VD ( ) Delete  
Name: MINA, MARIAM S  
Address: 13499 BISCAYNE BLVD #1614  
City-St-Zip: N MIAMI, FL 33181

Title: S ( ) Delete  
Name: BISHAY, SAMI M  
Address: 13499 BISCAYNE BLVD #1614  
City-St-Zip: N MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIAM S. MINA

VD

04/19/2005

Electronic Signature of Signing Officer or Director

Date