2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000033302

1. Entity Name

STEPHEN MARTIN AUDIO/VIDEO, INC.



FILED Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

681 NE 7TH ST.

POMPANO BCH, FL 33060

Mailing Address

681 NE 7TH ST.

POMPANO BCH, FL 33060



DO NOT WRITE IN THIS SPACE

01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0914677

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, STEPHEN 681 NE 7TH ST. POMPANO BCH, FL 33060

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the points of registered agent.	surpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ng 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, STEPHEN 681 NE 7TH ST. POMPANO BCH, FL 33060					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MARTIN, FRANCES 681 NE 7TH ST. POMPANO BCH, FL 33060			U00000802116 02/01/08-80046-808 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		DO NOT WRITE			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 954-782-6890