



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90119 029 \*\*\*150.00

<b>DOCUMENT # P99000050875</b> 1. Entity Name <b>BROADCAST DEPOT CORP.</b>					
Principal Place of Business <b>7782 NW 46 ST., #20 MIAMI, FL 33166</b>			Mailing Address <b>7782 NW 46 ST., #20 MIAMI, FL 33166</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>04022005      Chg-P      CR2E034 (10/03)</b> <b>65-0924489</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SARRAF, GALINA 7782 NW 46 ST., #20 MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name <b>SARRAFF GALINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>7782 NW 46<sup>TH</sup> STREET #20</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b>		
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 <u><i>Galina Sarraff</i></u> DATE <u>4/04/05</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SARRAF, GALINA</b> <b>7782 NW 46 ST., #20</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SARRAFF GALINA</b> <b>7782 NW 46<sup>TH</sup> STREET - #20</b> <b>MIAMI FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1:19.07(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: <u><i>Galina Sarraff</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>SARRAFF GALINA</b>			Date <u>4/04/05</u> (305) 599 3100 <small>Daytime Phone #</small>		