2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000092402

1. Entity Name
AUDIO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8209 N FLA AVE TAMPA, FL 33604	8209 N FLA AVE. TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

02232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3606168	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALIZADEH, MOHAMMAD
8209 NORTH FLORIDA AVENUE
TAMPA, FL 33604

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000654002
03/13/07 00045-003-150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VALIZADEH, MOHAMMAD
STREET ADDRESS	8209 NORTH FLORIDA AVENUE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   2-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #