

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S96144

1. Entity Name
CORONA VIDEO & ELECTRONICS, INC.



FILED
Jul 19, 2004 08:00 AM
Secretary of State

Principal Place of Business
12680 S W 8TH STREET
MIAMI, FL 33184

Mailing Address
12680 S W 8TH STREET
MIAMI, FL 33184



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0301048
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, ANGEL R
3618 SW 112 AVE
MIAMI, FL 33165

DO NOT WRITE
IN THIS SPACE

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	LOPEZ, ANGEL R
STREET ADDRESS	3618 SW 112 AVE
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000167315
07/19/04-80020-012 550.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL R. LOPEZ

Date

Daytime Phone #

1/22/04 205521512