


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90228 022 \*\*\*158.75

<b>DOCUMENT # V30343</b>	
1. Entity Name <b>AUDIO &amp; VIDEO INSTALLATIONS SPECIALIST INC.</b>	

Principal Place of Business <b>PO BOX 848067 HOLLYWOOD FL 33084</b>	Mailing Address <b>400 172 AVE STE #3166 HOLLYWOOD FL 33029</b>
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2. Principal Place of Business <b>400 N.W. 172 AVE. SUITE # 3166</b>	3. Mailing Address <b>P.O. Box 822638</b>
Suite, Apt. #, etc. <b>SUITE # 3166</b>	Suite, Apt. #, etc.
City & State <b>PEMBROKE PINES, FL.</b>	City & State <b>PEMBROKE PINES, FL.</b>
Zip <b>33029</b>	Zip <b>33082-2638</b>
Country <b>USA</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0332312</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FARACH, CARLOS A 631 N. 74 AVE HOLLYWOOD FL 33024</b>	
7. Name and Address of New Registered Agent Name <b>FARACH, CARLOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>15962 S.W. 5TH STREET</b> City <b>PEMBROKE PINES FL</b> Zip Code <b>33027</b>	

**I MOVED.  
NEW ADDRESS** →

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 **Carlos Farach** DATE **04/16/05**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FARACH, CARLOS A 15962 SW 5TH STREET PEMBROKE PINES FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FARACH, JOHN M 15962 SW 5TH STREET PEMBROKE PINES FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Carlos Farach** DATE **04/16/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #