

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000089142

**Entity Name:** ANDERSON AUDIO VISUAL FLORIDA, INC.

**Current Principal Place of Business:**

175 SW 7TH STREET  
SUITE 2410  
MIAMI, FL 33130

**Current Mailing Address:**

5735 KEARNY VILLA ROAD  
SUITE 114  
SAN DIEGO, CA 92123

**FEI Number:** 27-4645597

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LINDER, CARL ESQ.  
175 SW 7TH STREET  
SUITE 2410  
MIAMI, FL 33130 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PARKES, CRAIG  
Address 5735 KEARNY VILLA ROAD, SUITE 114  
City-State-Zip: SAN DIEGO CA 92123

Title SEC  
Name PARKES, CRAIG  
Address 5735 KEARNY VILLA ROAD, SUITE 114  
City-State-Zip: SAN DIEGO CA 92123

Title CFO  
Name PARKES, CRAIG  
Address 5735 KEARNY VILLA ROAD, SUITE 114  
City-State-Zip: SAN DIEGO CA 92123

Title BOD  
Name PARKES, CRAIG  
Address 5735 KEARNY VILLA ROAD, SUITE 114  
City-State-Zip: SAN DIEGO CA 92123

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRAIG PARKES

**PRESIDENT**

**02/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date