


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90384 004 ***150.00

DOCUMENT # P0000056090					
1. Entity Name GQ PRODUCTIONS, INC.					
Principal Place of Business 7220 NW 36 STREET SUITE 510 MIAMI, FL 33166			Mailing Address 7220 NW 36 STREET SUITE 510 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 7220 NW 36 street Suite, Apt. #, etc. 315			3. Mailing Address 7220 NW 36 street Suite, Apt. #, etc. 315		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33166		Country USA		4. FEI Number 65-1015725	
6. Name and Address of Current Registered Agent GALLO, LUIS F 7220 NW 36 STREET SUITE 510 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name GALLO, LUIS F Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 street Suite 315 City MIAMI FL Zip Code 33166	
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>LUIS F GALLO REGISTERED AGENT</u> DATE: <u>04/23/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLO, LUIS F 7220 NW 36 STREET MIAMI, FL 33166	<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	VP GALLO, IVON 1200 DANBURY AVE. DAVIE, FL 33325	<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 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 <u>POWER OF ATTORNEY</u> , with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>President</u> DATE: <u>04/28/08</u> DAYTIME PHONE #: <u>305-5730101</u>					

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04232008 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired \$8.75 Additional Fee Required

