2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047837

Address:

City-St-Zip:

MIAMI LAKES, FL 33014

Entity Name: FOLIR REEL PRODUCTIONS INC.

FILED Apr 28, 2004 Secretary of State

Littly Nai	ile. FOOR RE	LL PRODUCTIONS, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
SUITE 240	/ 60TH AVENU (ES, FL 33014	E				
Current Mailing Address:			New Mailing Address:			
SUITE 240	/ 60TH AVENL (ES, FL 33014	E				
FEI Number:	65-1156677	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
SUITE 240	/ 60TH AVENL	E				
The above in the State	named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or bo	th,
SIGNATUR	RE:					
Election Car		ic Signature of Registered Age Trust Fund Contribution ().	nt		Date	
		,,	ADDITION	IC (OLIANOE)	TO OFFICERS AND DIRECT	one.
OFFICERS	OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECT	UKS:
Title: Name: Address: City-St-Zip:	PTD () REY, ROMINA 15327 N W 60T MIAMI LAKES, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () VALDEZ, JUAN 15327 N W 60T MIAMI LAKES, I	H AVENUE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () VLADEZ, RICAF 15327 N W 60T MIAMI LAKES, F	H AVENUE	Title: Name: Address: City-St-Zip:	SD (X VALDEZ, RICA 15327 N W 60 MIAMI LAKES,	TH AVENUE	
Title: Name: Address:	SD () REY, MORGAN, 15327 NW 60 A		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROMINA REY Ρ 04/28/2004