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Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90035 042 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041209

1. Entity Name
OFF-SIDE PRODUCTIONS CORP.

50007953

Principal Place of Business	Mailing Address
3273 POINCIANA DR NAPLES, FL 34105	3273 POINCIANA DR NAPLES, FL 34105

2. Principal Place of Business		3. Mailing Address	
5480 16TH PLACE S.W.		5480 16TH PLACE S.W.	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State NAPLES, FL.		City & State NAPLES, FL.	
Zip 34116	Country U.S.	Zip 34116	Country U.S.

01242005 Chg-P CR2E034 (10/03)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIARATO, UGO V
12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name: RODOLFO CARDOZO
Street Address (P.O. Box Number is Not Acceptable): 5480 16TH PLACE S.W. #102
City: NAPLES FL Zip Code: 34116

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: x RODOLFO CARDOZO (P) [signature] DATE: 01-20-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PTSD CARDOZO, RODOLFO 12000 BISCAYNE BLVD., SUITE 507 MIAMI, FL 33181 50%	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(V.P.) LIDIA I. CARDOZO 40% 5480 16TH PLACE S.W. #102 NAPLES, FL. 34116	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(S) NELIDA V. BREST 10% 2541 24TH AVE. N.E. NAPLES, FL. 34120	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] RODOLFO CARDOZO, 01/20/2005 (239)595-1878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #