


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90027 031 \*\*\*158.75

**DOCUMENT # P03000041209**

1. Entity Name  
**OFF-SIDE PRODUCTIONS CORP.**



Principal Place of Business  
**5480 16TH PLACE SW  
 # 102  
 NAPLES, FL 34116**

Mailing Address  
**5480 16TH PLACE SW  
 # 102  
 NAPLES, FL 34116**

**50025820**



2. Principal Place of Business  
**227 LEAWOOD CIR**

3. Mailing Address  
**227 LEAWOOD CIR**

Suite, Apt. #, etc.

08182006 Chg-P CR2E034 (11/05)

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

4. FEI Number **04-3751762** Applied For  
**NOT APPLICABLE** Not Applicable

Zip **34104** Country **USA**

Zip **34104** Country **USA**

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

6. Name and Address of Current Registered Agent

**CARDOZO, RODOLFO  
 5480 16TH PLACE SW #102  
 NAPLES, FL 34116**

7. Name and Address of New Registered Agent

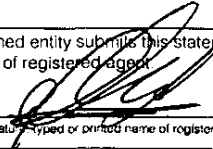
Name

Street Address (P.O. Box Number is Not Acceptable)

**227 LEAWOOD CIR**

City **NAPLES FL 34104 FL** Zip Code **34104**

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:  DATE: **239-595-1878**

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTSD<br>CARDOSO, RODOLFO<br>12000 BISCAYNE BLVD., SUITE 507<br>MIAMI, FL 33181 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CARDOSO, LIDIA I<br>5480 16TH PLACE SW #102<br>NAPLES, FL 34116 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BREST, NELIDA V<br>2541 24TH AVE NE<br>NAPLES, FL 34120 <input checked="" type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>227 LEAWOOD CIR<br>NAPLES FL 34104 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>227 LEAWOOD CIR<br>NAPLES FL 34104 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 address, in all other like empowered.

SIGNATURE:  DATE: **8/17/2006** DAYTIME PHONE #: **239-595-1878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR