


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90066 007 \*\*\*150.00

DOCUMENT # P03000073730					
1. Entity Name TSUNAMI PRODUCTIONS, INC.					
Principal Place of Business 7105 S.W. 8TH STREET SUITE 306 MIAMI, FL 33144		Mailing Address 7105 S.W. 8TH STREET SUITE 306 MIAMI, FL 33144			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0085741	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				04302007 Chg-P CR2E034 (12/06)	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAMPOS, BOLMA E 6157 NW 167TH ST SUITE F-4 MIAMI, FL 33015			7. Name and Address of New Registered Agent		
			Name <b>CAMPOS, BOLIVIA E</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>6157 NW 167TH ST SUITE F4</b>		
			City <b>MIAMI</b> FL Zip Code <b>33015</b>		
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 <i>Bolivia E Campos</i>		NAME <b>BOLIVIA E CAMPOS</b>		DATE <b>04/30/07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	PVST CAMPOS, BOLIVIA E 7105 S.W. 8TH STREET, SUITE 306 MIAMI, FL 33144	<input checked="" 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	D CAMPOS, BOLIVIA E 7105 S.W. 8TH STREET, SUITE 306 MIAMI, FL 33144	<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 address, with all other like empowered.					
SIGNATURE: <i>Bolivia E Campos</i>		DATE: <b>4/30/07</b>		DAYTIME PHONE: <b>(305)2263449</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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