

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90125 041 ***150.00

DOCUMENT # P03000074518



1. Entity Name
ANCAR PRODUCTIONS, CORP.

Principal Place of Business Mailing Address
 5048 MILLENIA BLVD. #101 5048 MILLENIA BLVD. #101
 ORLANDO FL 32839 ORLANDO FL 32839

2. Principal Place of Business 3. Mailing Address
5448 HOFFNER AVE. **5448 HOFFNER AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
205 **205**

City & State City & State
ORLANDO FL **ORLANDO FL**
 Zip Country Zip Country
32812 **USA** **32812** **USA**



MOORE CR2E034 (11/03)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CONTAXGONZALEZ SERVICE, CORP
4142 W OAKRIDGE ROAD
ORLANDO FL 32809

7. Name and Address of New Registered Agent
 Name **SAME NO**
 Street Address (P.O. Box Number is Not Acceptable) _____
SAME NO
 City **SAME NO FL** Zip Code **SAME**

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 **CONTAXGONZALEZ SERVICE CORP. / JAIRO GONZALEZ** DATE **04/23/04**
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D <input type="checkbox"/> Delete RODRIGUEZ, ANDRES R 5048 MILLENIA BLVD. #101 ORLANDO FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VALDES, ANGELA P 5048 MILLENIA BLVD. #101 ORLANDO FL 32839	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 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]* DATE **04/26/04** DAYTIME PHONE # **321/3032318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #