

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

5048 MILLENIA BLVD. #101
ORLANDO FL 32839

Mailing Address

5048 MILLENIA BLVD. #101
ORLANDO FL 32839

2. Principal Place of Business

5448 HOFFNER AVE.

3. Mailing Address

5448 HOFFNER AVE.

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32812

Country

U.S.A.

Zip

32812

Country

U.S.A.

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 04/23/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE D ☐ Delete
NAME RODRIGUEZ, ANDRES R
STREET ADDRESS 5048 MILLENIA BLVD. #101
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☐ Delete
NAME VALDES, ANGELA P
STREET ADDRESS 5048 MILLENIA BLVD. #101
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04 321/30323/8

Date

Daytime Phone #