
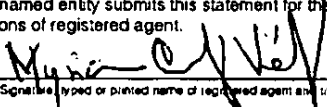



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

03-25-2005 90022 006 ***150.00

DOCUMENT # P04000046548			
1. Entity Name CAROLINA FOTI PRODUCTIONS INC.			
Principal Place of Business 1402 BRICKELL BAY DR, APT 801 MIAMI FL 33131		Mailing Address 1402 BRICKELL BAY DR, APT 801 MIAMI FL 33131	
2. Principal Place of Business 1402 BRICKELL BAY DRIVE Suite, Apt. #, etc. SUITE 801		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33131	Country USA	Zip	Country
4. FEI Number 20-0871141		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELEZ, MYRIAM C 1402 BRICKELL BAY DR, APT 801 MIAMI FL 33131		7. Name and Address of New Registered Agent Name: NONE Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
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:  PRESIDENT		DATE: 4-22-05	
<p>FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>		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: PD	NAME: VELEZ, MYRIAM C	TITLE:	NAME:
STREET ADDRESS: 1402 BRICKELL BAY DR, APT 801	CITY-ST-ZIP: MIAMI FL 33131	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: VP	NAME: FOTI, ADRIANO	TITLE:	NAME:
STREET ADDRESS: 1402 BRICKELL BAY DR, APT 801	CITY-ST-ZIP: MIAMI FL 33131	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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:  PRESIDENT		DATE: 4-22-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305 300 6304	

00016000



1st MOORE CR2E034 (10/04)