


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90246 022 \*\*\*158.75

**DOCUMENT # P98000085434**

1. Entity Name  
**STOGIE PRODUCTIONS, INC.**



Principal Place of Business  
**STOGIE PRODUCTIONS**  
**1801 NE 149 STREET**  
**MIAMI, FL 33181**

Mailing Address  
**648 HIBISCUS DR.**  
**HALLANDALE, FL 33009**

**94072429**



2. Principal Place of Business  
**STOGIE PRODUCTIONS**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**648 HIBISCUS DR.**

Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State  
**HALLANDALE FL.**

City & State

Zip  
**33009**

Country  
**USA**

Zip

Country

4. FEI Number  
**65-0870518**

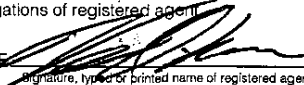
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DIROSA, VINCENT G**  
**648 HIBISCUS DR.**  
**HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent  
 Name  
 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  **VINCENT G. DIROSA** DATE **4/27/04**


Signature, type 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**

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	PT DIROGA, VINCENT G 648 HIBISCUS DR. HALLANDALE, FL 33009 <input 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	VS GARCIA, EILEEN B 1801 NE 149 STREET MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARCIA, EILEEN B. 648 HIBISCUS DR. HALLANDALE, FL 33009 <input checked="" 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:  DATE **4/27/04** (505) 588-9535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #