

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000090845

1. Entity Name
4 ALL PRODUCTIONS, INC.



Principal Place of Business
9481 RICHMOND CIRCLE
BOCA RATON, FL 33434

Mailing Address
9481 RICHMOND CIRCLE
BOCA RATON, FL 33434



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0870512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, ANTHONY L
9481 RICHMOND CIRCLE
BOCA RATON, FL 33434

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IN THIS SPACE**

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, ANTHONY L
STREET ADDRESS	9481 RICHMOND CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	T
NAME	LOPEZ, ADRIANN
STREET ADDRESS	9481 RICHMOND CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VP
NAME	SANTIPADRI, PETER
STREET ADDRESS	430 SE 4 COURT
CITY-ST-ZIP	POMPANO, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/05-80018-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Anthony L. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05
Date

561-558-8668
Daytime Phone #