

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90071 032 \*\*\*150.00

DOCUMENT # J81333

1. Entity Name  
SENDEREY VIDEO PRODUCTION, INC.



Principal Place of Business  
4967 NW 67TH AVENUE  
LAUDERHILL, FL 33319

Mailing Address  
4967 NW 67TH AVENUE  
LAUDERHILL, FL 33319



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1586413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

EFRAM, ~~SENDEREY~~ SENDEREY  
4967 67TH AVE.  
LAUDERHILL, FL 33319

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE	PTD
NAME	SENDEREY, EFRAM
STREET ADDRESS	4967 NW 67TH AVE
CITY-ST-ZIP	LAUDERHILL, FL 33319

TITLE	SVD
NAME	SENDEREY, <del>BEATRICE</del> BEATRICE
STREET ADDRESS	4967 NW 67TH AVE.
CITY-ST-ZIP	LAUDERHILL, FL 33319

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CITY-ST-ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BEATRICE SENDEREY 01.27.04 956.748.8999