



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90441 011 ***150.00

DOCUMENT # P95000061847			
1. Entity Name A.B. MEMORIES VIDEO PRODUCTIONS INC.			
Principal Place of Business 15 EUCALYPTUS DR HIALEAH, FL 33010		Mailing Address 15 EUCALYPTUS DR HIALEAH, FL 33010	
2. Principal Place of Business 1 CURTISS PARKWAY Suite, Apt. #, etc. SUITE #9		3. Mailing Address 1 CURTISS PARKWAY Suite, Apt. #, etc. SUITE #9	
City & State MIAMI SPRING FL		City & State MIAMI SPRING, FL	
Zip 33166	Country USA	Zip 33166	Country USA
6. Name and Address of Current Registered Agent RODRIGUEZ, MARTHA 15 EUCALYPTUS DR HIALEAH, FL 33010 1 CURTISS PARKWAY MIAMI SPRING, FL 33166		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PVD RODRIGUEZ, MARTHA 15 EUCALYPTUS DR HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 CURTISS PARKWAY MIAMI SPRING, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: 4-20-04 Daytime Phone: #	