

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90172 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000085434 1. Entity Name STOGIE PRODUCTIONS, INC.																													
Principal Place of Business 1801 NE 149 STREET MIAMI, FL. 33181			Mailing Address 1825 N.E. 149 STREET MIAMI, FL. 33181																										
2. Principal Place of Business STOGIE PRODUCTIONS		3. Mailing Address 648 HIBISCUS DR.																											
City, Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State 		City & State HALLANDALE, FL.		4. FEI Number 65-0870518																									
Zip 		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
Zip 33009		Country USA		☐ CHECK HERE IF MAKING CHANGES																									
6. Name and Address of Current Registered Agent GARCIA, EILEEN B 1801 NE 149 STREET MIAMI, FL. 33181			7. Name and Address of New Registered Agent Name VINCENT G. DIROSA Street Address (P.O. Box Number is Not Acceptable) 648 HIBISCUS DR. City HALLANDALE FL Zip Code 33009																										
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 DATE 4-21-03 Signature must be printed name of registered agent and date it applies. (NOTE: Registered Agent's signature required when resigning)																													
FILE NOW!! FEE IS \$150.00 After May 1, 2003 fee will be \$500.00 Make Check Payable to Florida Department of State																													
9. Election Campaign Financing -- ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.																													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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 an officer like empowered.																													
SIGNATURE			DATE 4-21-03 (305) 588-9535																										

11009662



CH2E034 (10/02)