

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000134734

**Entity Name:** TRICOLOR PRODUCTIONS, INC.

**Current Principal Place of Business:**

957 NW 136 AVE  
MIAMI, FL 33182

**FILED**  
**Feb 01, 2015**  
**Secretary of State**  
**CC2222019702**

**Current Mailing Address:**

P. O BOX 443181  
MIAMI, FL 33144 US

**FEI Number: 20-1702062**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MONTESINO, EFRAIN N  
957 NW 136 AVE  
MIAMI, FL 33182 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P/D	Title	D
Name	MONTESINO, EFRAIN N	Name	MONTESINO, BELMIS
Address	957 NW 136 AVE	Address	957 NW 136 AVE
City-State-Zip:	MIAMI FL 33182	City-State-Zip:	MIAMI FL 33182

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BELMIS MONTESINO**

**DIRECTOR**

**02/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date