

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 636802**

1. Entity Name

FOREIGN IMPORTED PRODUCTIONS AND PUBLISHING,  
INC.



Principal Place of Business

420 JEFFERSON AVE  
MIAMI BEACH, FL 33139 US

Mailing Address

420 JEFFERSON AVE  
MIAMI BEACH, FL 33139 US



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1985986

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131

**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

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 DC  
NAME ESTEFAN, EMILIO JR  
STREET ADDRESS 420 JEFFERSON AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VSTD  
NAME ESTEFAN, GLORIA M  
STREET ADDRESS 420 JEFFERSON AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE P  
NAME AMADEO, FRANK  
STREET ADDRESS 420 JEFFERSON AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100001344925  
04/30/05-80015-007 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Amadeo

04-25-05

Date

Daytime Phone #

(305) 695-7000