


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # G97776 1. Entity Name CHAMELEON PRODUCTIONS, INC. |  |
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|---|---|
| Principal Place of Business 660 NE 56TH ST MIAMI FL 33137 | Mailing Address 660 NE 56TH ST MIAMI FL 33137 |
|---|---|



| | | |
|---|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | 4. FEI Number 59-2408548 |
| City & State | City & State | Applied For <input type="checkbox"/> Not Applied |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

1st MOORE CR2E034 (10/05)

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|--|--|
| 6. Name and Address of Current Registered Agent OCHOA, LEOPOLDO A. ESQ. 1452 MERCADO CORAL GABLES FL 33146 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|--|
| TITLE | PD MEDRANO, IGNACIO | TITLE | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| NAME | 635 NE 56TH STREET | NAME | |
| STREET ADDRESS | MIAMI FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | Delete <input type="checkbox"/> | | |
| TITLE | VD | TITLE | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| NAME | GONZALEZ, JOSE R | NAME | |
| STREET ADDRESS | 635 NE.E. 56TH ST. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | CITY-ST-ZIP | |
| | Delete <input type="checkbox"/> | | |
| TITLE | STD | TITLE | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| NAME | GONZALEZ, JOSE R. | NAME | |
| STREET ADDRESS | 635 NE 56TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | CITY-ST-ZIP | |
| | Delete <input type="checkbox"/> | | |
| TITLE | | TITLE | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | Delete <input type="checkbox"/> | | |
| TITLE | | TITLE | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | Delete <input type="checkbox"/> | | |
| TITLE | | TITLE | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | Delete <input type="checkbox"/> | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **IGNACIO MEDRANO-CARBO** 305-7582369