2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J29776

1. Entity Name
LOCONTO PRODUCTIONS INC.

Principal Place of Business	Mailing Address
10244 NW 47TH ST SUNRISE, FL 33351 US	10244 NW 47TH ST SUNRISE, FL 33351 US

DO NOT WRITE IN THIS SPACE

05022007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1898996	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOCONTO, FRANCIS XAVIER
10244 S.W. 47 STREET
SUNRISE, FL 33351

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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: _____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	LOCONTO, FRANCIS XAVIER
STREET ADDRESS	10244 N.W. 47 STREET
CITY-ST-ZIP	SUNRISE, FL

TITLE	VST
NAME	LOCONTO, PHYLLIS FINNEY
STREET ADDRESS	10244 N.W. 47 STREET
CITY-ST-ZIP	SUNRISE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Phyllis F. Loconto_   4-15-07

SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #