


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90097 024 ****55.00

DOCUMENT # L03000029271	
1. Entity Name MINERVA FILMS LLC	

Principal Place of Business 5725 NORTH SABLE CIRCLE MARGATE, FL 33063	← MS. → Mailing Address 5725 NORTH SABLE CIRCLE MARGATE, FL 33063
---	---

14026472



2. Principal Place of Business 5725 N. SABLE CIR. Suite, Apt. #, etc.	3. Mailing Address 5725 N. SABLE CIR. Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07142004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0138950

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CARABALLO, JOHN 5725 NORTH SABLE CIRCLE MARGATE, FL 33063	
---	--

7. Name and Address of New Registered Agent Name 5725 N. SABLE CIR. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--

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 obligation of registered agent.
SIGNATURE *John Caraballo* DATE **July 17, 2004**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARABALLO, JOSHUA J 5725 NORTH SABLE CIRCLE MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5725 N. SABLE CIR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARABALLO, JOHN 5725 NORTH SABLE CIRCLE MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
SIGNATURE: *Joshua Caraballo* **Joshua Caraballo** 7/17/04 954-336-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #