

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90041 015 ****50.00

DOCUMENT # L03000033743

1. Entity Name
PERFILES PRODUCTIONS, LLC



Principal Place of Business
2828 CORAL WAY, SUITE 208
MIAMI, FL 33145

Mailing Address
2828 CORAL WAY, SUITE 208
MIAMI, FL 33145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0210829**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **NORBERTO ROMAN**

Street Address (P.O. Box Number is Not Acceptable)

2828 Coral Way - Suite 208

City **MIAMI**

FL

Zip Code **33145**

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ROMAN, NORBERTO ☐ Delete
STREET ADDRESS 2828 CORAL WAY, SUITE 208
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGR
NAME BAUTISTA ORTEGA, RAMON ☐ Delete
STREET ADDRESS 2828 CORAL WAY, SUITE 208
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGR
NAME MAJEJKO, JUAN A ☐ Delete
STREET ADDRESS 2828 CORAL WAY, SUITE 208
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGR
NAME VERITE, JORDI F ☐ Delete
STREET ADDRESS 2828 CORAL WAY, SUITE 208
CITY-ST-ZIP MIAMI, FL 33145

TITLE ST
NAME ROMAN, NORBERTO ☐ Delete
STREET ADDRESS 2828 CORAL WAY, SUITE 208
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jan-5th-04 (305)648-3141