


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90011 012 \*\*\*\*50.00

<b>DOCUMENT # L04000060900</b>		
1. Entity Name <b>TRUVEGA PRODUCTIONS, LLC</b>		

Principal Place of Business <b>3370 BEAU RIVAGE DRIVE N5 POMPANO BEACH FL 33064 US</b>	Mailing Address <b>3370 BEAU RIVAGE DRIVE N5 POMPANO BEACH FL 33064 US</b>
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2. Principal Place of Business <b>930 SE 5th Ave.</b>	3. Mailing Address <b>P.O. Box 938608</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pompano Bch, FL</b>	City & State <b>Margate, FL</b>
Zip <b>33060</b>	Zip <b>33093</b>
Country <b>Broward</b>	Country <b>Broward</b>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM TRUSCELLO, JOSEPH M 3370 BEAU RIVAGE DRIVE N5 POMPANO BEACH FL 33064</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Truscillo, Joseph M 930 S.E. 5th Avenue Pompano Beach, FL 33060</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VEGA, MARIA 3370 BEAU RIVAGE DRIVE N5 POMPANO BEACH FL 33064</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VEGA, MARIA 930 S.E. 5th Avenue Pompano Beach, FL 33060</b> <input checked="" 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
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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:** Maria Vega Maria Vega 4/5/05 954-494-0621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #