


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90010 007 \*\*\*550.00

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|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # L78876</b><br>1. Entity Name<br><b>AMF PRODUCTIONS, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>2725 S.W. 3RD AVE.<br/>MIAMI, FL 33129</b>  |   |   | Mailing Address<br><b>2725 S.W. 3RD AVE.<br/>MIAMI, FL 33129</b>  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State  |   | 4. FEI Number<br><b>65-0229105</b>   |  |
| Zip   |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FERNANDEZ-HAAR, ANA MARIA<br/>2725 SW 3RD AVE<br/>MIAMI, FL 33129</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 obligations of registered agent.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>HAAR, ANA MARIA F.<br>401 SW 28TH RD<br>MIAMI, FL |   | <input type="checkbox"/> Delete                                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| 12. 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 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 687, 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. |   |   |   |  |  |
| <b>SIGNATURE:</b> _____   |   |   | 2-6-04 (305) 856-7474<br>Date Daytime Phone #                     |  |  |