

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90150 007 ***158.75

DOCUMENT # M60947

1. Entity Name
GENERAL ENTERTAINMENT PRODUCTIONS, INC.



Principal Place of Business 4441 COLLINS AVE LA RONDO RM MIAMI BCH, FL 33140 US	Mailing Address 4441 COLLINS AVE LA RONDO RM MIAMI BCH, FL 33140 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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01042005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0010208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARCELO-ROBAINA, & MARQUEZ
782 NW LEJUNE RD STE 548
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name **Law Office of**
Street Address **Marquez & Marcelo Robaina, P.A.**
Suite 390
6303 Blue Lagoon Drive
City **Miami, FL 33126 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 obligations of registered agent.

SIGNATURE *[Signature]* DATE **4/28/05**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CACHALDORA, ALEX			NAME			
STREET ADDRESS	4441 COLLINS AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH, FL			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURRAIS, JOSE ALBINO			NAME			
STREET ADDRESS	4441 COLLINS AVE LA RONDO ROOM			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURRAIS, JORGE LUIS			NAME			
STREET ADDRESS	4441 COLLINS AVE LA RONDO ROOM			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARQUEZ, JOSE M			NAME			
STREET ADDRESS	782 NW LEJUNE RD STE 548			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CACHALDORA, JOSE LUIS			NAME			
STREET ADDRESS	4441 COLLINS AVE LA RONDO ROOM			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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: *[Signature]* DATE **4/28/05** (305) 672-7469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR