

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT# M96285 1. Entity Name PINATA PARTY PRODUCTIONS, INC.	
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Principal Place of Business 11210 SW 62 LANE MIAMI, FL 33173 US	Mailing Address 11210 SW 62 LANE MIAMI, FL 33173 US
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DO NOT WRITE IN THIS SPACE

(M96285 ===== P)

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0070489	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIAZ, BEATRIZ 11210 SW 62 LANE MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, BEATRIZ 11210 SW 62 LANE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIAZ, GERARDO A. 11210 SW 62 LANE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/04-80051-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Beatriz Diaz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 04/19/04 Date	Daytime Phone: (305) 412 8646 Daytime Phone #
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