

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003060

FILED  
Feb 08, 2005  
Secretary of State

**Entity Name:** UNITED PRODUCERS OF AMERICAN PRODUCTION, INC.

**Current Principal Place of Business:**

1318 DEWEY STREET  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1318 DEWEY STREET  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 20-0033722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CORDOVES, BARBARA  
Address: 1318 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD ( ) Delete  
Name: CRUZ, JOSE ANTONIO  
Address: 1318 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VSD ( ) Delete  
Name: KALONJI, MALIK  
Address: 1318 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VTD ( ) Delete  
Name: CORDOVES, GLADYS  
Address: 1318 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD (X) Change ( ) Addition  
Name: CORDOVES, GLADYS M  
Address: 1318 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VSD (X) Change ( ) Addition  
Name: CRUZ, JOSE A  
Address: 1318 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD (X) Change ( ) Addition  
Name: KALONJI, MALIK  
Address: 1318 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CORDOVES

PD

02/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date