


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90127 008 \*\*\*\*61.25

<b>DOCUMENT # N03000010246</b> 1. Entity Name EXPECTATION ARTIST PRODUCTION, INC.					
Principal Place of Business 10313 SW 6 ST MIAMI, FL 33174			Mailing Address 10313 SW 6 ST MIAMI, FL 33174		
2. Principal Place of Business 7501 S.W. 39 Terrace		3. Mailing Address 7501 S.W. 39 Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Florida		City & State Miami, Florida		4. FEI Number 20-0428815	
Zip 33155		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VAZQUEZ, AMELIA 10313 SW 6 ST MIAMI, FL 33174			7. Name and Address of New Registered Agent Name Vazquez, Amelia Street Address (P.O. Box Number is Not Acceptable) 7501 S.W. 39th Terrace City Miami, FL Zip Code 33155		
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 <i>Amelia Vazquez</i> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>			DATE 4-18-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAZQUEZ, AMELIA		NAME		
STREET ADDRESS	10313 SW 6 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUBIRANA, JUAN PABLO		NAME		
STREET ADDRESS	1207 MARSEILLE #29		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33141		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEREDIA, TERESITA R		NAME		
STREET ADDRESS	5249 NW 7 ST APT 300		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		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		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: <i>Amelia Vazquez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-18-05 Daytime Phone # (305) 265-8202		

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