

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009432

FILED  
Jul 02, 2009  
Secretary of State

**Entity Name:** FLORIDA FILM PRODUCTION COALITION, INC.

**Current Principal Place of Business:**

7050 SW 66 AVENUE  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7050 SW 66 AVENUE  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CHAVEZ, MARIA K  
7050 SW 66 AVENUE  
SOUTH MIAMI, FL 33143 US

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: D ( ) Delete  
Name: CHAVEZ, MARIA K  
Address: 7050 SW 66 AVENUE  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D ( ) Delete  
Name: PERQUE, EARL JR  
Address: 9946 NW 9 COURT  
City-St-Zip: PLANTATION, FL 33324

Title: STD ( ) Delete  
Name: SOKOLOWSKY, LEAH  
Address: 650 SE 18 AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIA K. CHAVEZ

D

07/02/2009

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

\_\_\_\_\_  
Date