

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90446 048 ****70.00

DOCUMENT # N95000004372

1. Entity Name
PASTTIMES PRODUCTIONS, INC.



Principal Place of Business
745 NORTHEAST 117 STREET
BISCAYNE PARK, FL 33161

Mailing Address
745 NORTHEAST 117 STREET
BISCAYNE PARK, FL 33161

60031377



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0608459

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, DAN
745 NORTHEAST 117 STREET
BISCAYNE PARK, FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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]

DAN FITZGERALD, PRESIDENT

4/18/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fees \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MOWGRY, DONALD R
STREET ADDRESS 3611 SW 33 AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE BM ☐ Delete
NAME KOPPEN, ROBERT PA
STREET ADDRESS 700 NE 90TH ST.
CITY-ST-ZIP MIAMI, FL 33138

TITLE V ☐ Delete
NAME STONE, LOUISE
STREET ADDRESS 800 NE 137TH ST
CITY-ST-ZIP N MIAMI, FL 33161

TITLE T ☐ Delete
NAME HACH, BETTY
STREET ADDRESS 987 NE 96 STREET
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE T ☐ Delete
NAME KVETKO, JAMES REV
STREET ADDRESS 9823 NE 4 AVENUE
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE D ☐ Delete
NAME HARRING, DANIEL
STREET ADDRESS 1320 S DINE HIGHWAY
CITY-ST-ZIP CORAL GABLES, FL 33146

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition
NAME JOHN ARCHIE
STREET ADDRESS 450 N.E. 52 TERRACE #6.
CITY-ST-ZIP MIAMI, FLORIDA 33138

TITLE DIRECTOR ☐ Change ☒ Addition
NAME TARA VODIHN
STREET ADDRESS 3275 CRYSTAL COURT
CITY-ST-ZIP MIAMI FLORIDA 33133

TITLE PRESIDENT ☐ Change ☒ Addition
NAME CHRISTIANA
STREET ADDRESS 601 NE 39 ST #307
CITY-ST-ZIP MIAMI FLORIDA 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06